



The Future Well-Being of Women in Kentucky

Edited by

Michal Smith-Mello, Michael T. Childress,
Jerry Sollinger, and Billie M. Sebastian

THE KENTUCKY LONG-TERM POLICY RESEARCH CENTER



Photo by Rick McComb, Kentucky Department of Education

*One can never consent to creep when one feels
an impulse to soar.*

Helen Keller

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Preface

This report was prepared as part of the Kentucky Long-Term Policy Research Center's mission to serve as a catalyst for change by informing the government policymaking process about the broader context in which decisions are made and the long-term implications of policy, critical trends, and emerging issues which may have a significant impact on the state.

Here, in a series of articles prepared by staff and by some of the state's leading policy experts, we focus on the implications of economic, political, and social trends for the future well-being of women in Kentucky. We consider a range of issues, from the difficult balance between work and family to the jobs and wages Kentucky women are likely to find in the marketplace, from the "feminization" of higher education to the consequences of welfare reform, from gaps in political leadership to the fundamental issues of health and personal safety. This report should be of interest to all who seek realization of the Commonwealth's full potential.

THE KENTUCKY LONG-TERM POLICY RESEARCH CENTER

The Kentucky Long-Term Policy Research Center was created by the General Assembly in 1992 to bring a broader context to the decisionmaking process. The Center's mission is to illuminate the long-range implications of current policies, emerging issues, and trends influencing the Commonwealth's future. The Center has a responsibility to identify and study issues of long-term significance to the Commonwealth and to serve as a mechanism for coordinating resources and groups to focus on long-term planning.

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Photo by Rick McComb, Kentucky Department of Education

Making Our Voices Heard

By Genie Potter
Executive Director
Kentucky Commission on Women

Looking out of an airplane on a clear day, we see outlines of our beloved Kentucky lakes, farms, and cities. As you read *The Future Well-Being of Women in Kentucky*, you will see patterns of a different sort: chapters devoted to equality, education, the economy, violence, family policy, and welfare reform—all written by academics and field experts. This publication contains the kind of thoughtful, careful writing that sings out loud and clear like the dreaded beetle in a pine forest. But this is also a blueprint for action, not a static document destined to collect dust on a shelf.

Kentucky women are not in the habit of standing back and looking at our lives, but *The Future Well-Being of Women in Kentucky* lets us see what lies ahead. Maybe we women have been too conscious of the past and too worried about the present to be concerned with the future. Having arrived at the here and now of the year 2000, however, we need to lift our voices in concert to the whole Commonwealth, urging it to hear and respond to our needs.

There is nothing secret about the past or present condition of women in Kentucky, a state where few have experienced its wealth and most have problems in common. The recent *Report on the Status of Women in Kentucky* presented eye-popping statistics that can either make women afraid or empower them. I choose empowerment. Kentucky needs its women to help build stronger communities. Government is by and for the people, and that report reminded us that 52 percent of the population is still being left out.

Kentucky “herstory” has produced a Pulitzer Prize winner, an Academy Award winner, Ms. Wheelchair America, an Olympic gold medalist, and one of the very few female Governors in America. It has been said that Kentucky has birthed such an impressive cadre of female singers and writers that we women would rather sing and write about our dashed hopes and dreams instead of speaking out. But using knowledge gleaned from *The Future Well-Being of Women in Kentucky*, we all have the opportunity to become visionaries and decide how we will speak out to ensure that our women have lives that are promising and productive. Together, we will *strengthen Kentucky by strengthening its women*.

We know that women are underrepresented in the halls of power from the statehouse to the boardroom, from the pulpit to the press. We know that doctors, lawyers, and corporate executives are more likely to be men, more likely to command respect, and more likely to be well paid. Every time a woman deposits a paycheck, looks at the odometer in her aging car, or uses food stamps, she is reminded that she earns less than most men.

We know that the poorest person in Kentucky is most likely to be a single mother. Women thus question the wisdom of a judicial system that often leaves divorced women living in poverty and divorced men living in style.

We know the “welfare queen” myth that poor women don’t work because they are lazy and want to be on welfare is patently untrue. Women hope that families are truly better off working instead of being on welfare, and that they will receive the necessary support services that make welfare to work a worthy process.

We know there is a tug of war between work and family that often strains a woman's sanity. Roles and responsibilities are still too gender-rigid, and women remain the primary household managers and family nurturers. So women ask, what resources would be available if men were responsible for the care of our young and elderly?

Women also know that there is a health care crisis, because many cannot afford preventive care or allow themselves the luxury of taking a sick day. So we wonder, what would it be like if there were more research on female lung cancer, heart attacks, obesity, and substance abuse?

We know some women still face spouses or other family members who do not value education in general or an educated woman in particular. But in a postindustrial, information-based Kentucky, women dream of educational experiences that prepare them for well-paying, satisfying work. What would our lives look like if young women were encouraged to prepare themselves for jobs that allowed them to be more productive over the course of their longer life spans?

We know most violent acts against women are caused by husbands, family members, or male friends. Victims often do not recognize the violence as abuse; many feel shame or guilt for being abused, or fear retaliation if they report the abuse. Laws meant to protect women from violence sometimes backfire, and leaving a violent companion is easier said than done. How does Kentucky create a society where violence is no longer tolerated or encouraged?

If we stop and take a look at Kentucky herstory, we find many women who have stood up and spoken out. They have protested strip mining, logging, chemical dumps, drunk driving, Jim Crow laws, and war. They've labored on behalf of children, people with disabilities, the hungry and homeless, and the environment. They've brought blankets and sung songs on picket lines, carried water and bandages to countless soldiers on long-ago battlefields. Kentucky's herstory proudly claims this impressive band of brave souls, souls that remind women that they cannot rest or defer our dreams.

Being positive when facing obstacles—putting a happy face on a furrowed brow—is a hallmark of Kentucky women, and fierce pride and self-reliance are deeply embedded attitudes. *The Future Well-Being of Women in Kentucky* tells us, however, that being noble may not be enough. Kentucky needs to change laws, policies, and practices that hold women back. We need to change the culture of Kentucky so that the promise of "equality under the law" isn't just an eloquent passage memorized by schoolchildren.

We women must also act for ourselves and our children because every child, woman, and man will benefit as we *strengthen Kentucky by strengthening its women*. With our myriad skills, Kentucky women accomplish what we set out to accomplish. And what needs to be accomplished now, in unity and harmony, is to change the way women are perceived and treated.

The writers of *The Future Well-Being of Women in Kentucky* present a cold reality. Their sobering concerns and lucid observations bring us to the brink of the future, where the entire community of Kentucky is challenged to share this knowledge and then carry the torch for equality and reform. This publication maps a complex terrain, one overlaid with different geographical and cultural values, attitudes, and perspectives. It is a terrain where mountain and urban women are sometimes suspicious of one another, where women with briefcases and women with hoes know little about each other; where some women lean across kitchen tables and others across boardroom conference tables. But all are shareholders in developing a blueprint that will make life better for Kentucky's daughters.

The Future Well-Being of Women in Kentucky will serve as a current and useful guide for policymakers, advocates, and community leaders. Governor Paul Patton has made great strides on behalf of Kentucky women by establishing the "Education Pays" initiative, the Office of Early Childhood, an Office on Aging, and the Office of Women's Health. He has appointed more women to boards and commissions and to judgeships than any other governor. First Lady Judi Patton is also a tribute to the people of Kentucky in her efforts to curb child abuse and domestic violence as well as reduce the incidence of breast cancer. Together, the Pattons serve as models for the rest of us, urging us to roll up our sleeves and tackle the tough issues. But it will take every CEO, legislator,

doctor, lawyer, mayor, minister, editor, school principal, and college president—every person in a decisionmaking position—to help change the future for Kentucky's women.

I have faith in all our girls and women. I have faith in our daughters and mothers and grandmothers, those running businesses and those running families, the ones living in poverty as well as the ones living on stock dividends. I have faith in the women who can't read and those with graduate degrees, in the women who have access to good health care and those who rarely have the opportunity to see a doctor. Whether Native-, African-, Asian-, or European-American, whether migrant worker, Russian immigrant, Vietnamese refugee, or descendent of pioneers, whatever heritage or background, I believe this report demands that we join together for the common good.

As women, we give birth to Kentucky's future, so we are inextricably tied to looking forward, not backward. This publication should inspire all of our leaders to enter the debate and make changes for Kentucky women in the interest of the Commonwealth. The Kentucky Long-Term Policy Research Center and this roster of writers provide us with valuable data and a cogent discussion of the future design.

Let us go forth from a century of technological progress into a century of enormous humanitarian promise. Let us care about each other; let us join hands and voices across this Commonwealth that we all love and make this report obsolete. And let us use our requisite energies, talents, and influence to create an agenda for change, to choose priorities for action, and to *strengthen Kentucky by strengthening its women.*

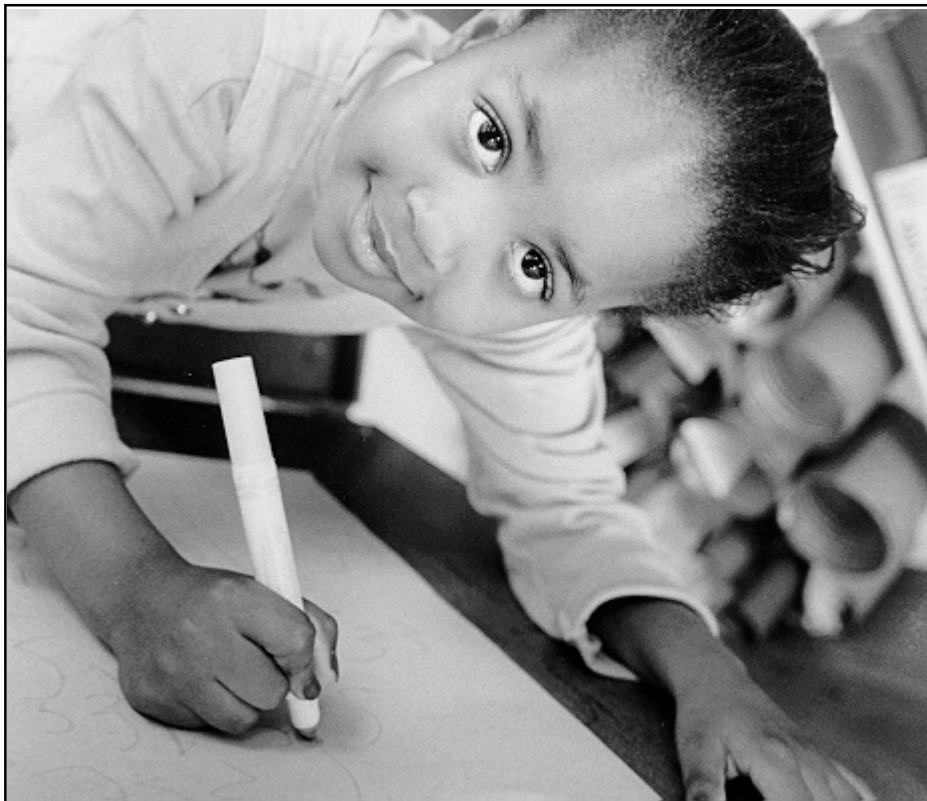


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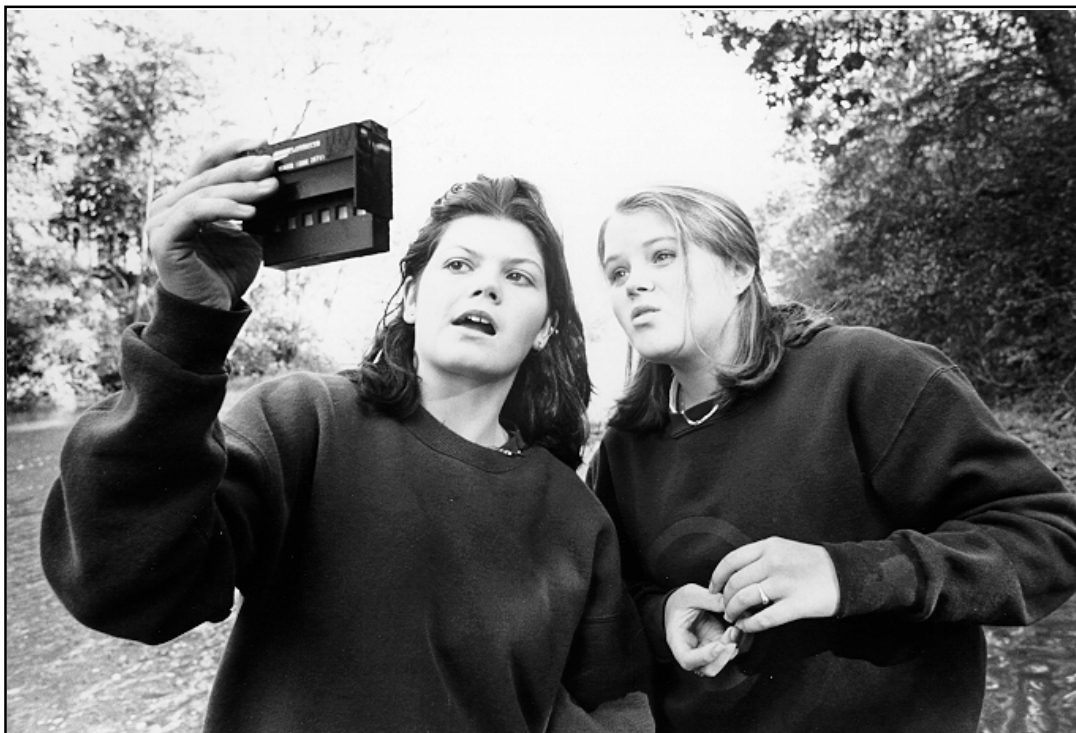


Photo by Rick McComb, Kentucky Department of Education

No Holds on Roles

By Joy Bale Boone
1997-1998 Poet Laureate of Kentucky

Think, think again, emulate, relate
To the great women of our early state
Who broke restrictions on old traditions
As school teachers in poorly paid positions,
As nurses where there were no physicians.

Today we continue those professions,
Having added our own learned lessons
As astronauts, doctors, and engineers,
As bankers and all other financiers,
Journalists, judges, and legislators,
And complex computer innovators.
Yes, as presidents of fine universities
Plus commentators on prime time TV.

The choices are varied
Even if we're married.

Our forebears struggled
For the right to vote,
To end the gender myth—
Now we must fight
The unfair specifics
Of current statistics
That are our present
Employment plight.

We rejoice
In the chance
For equality . . .
With our efforts,
It is there
For you and me.



Photo by Rick McComb, Kentucky Department of Education

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Summary

Broadly, the following chapters give reason for significant optimism about the future well-being of women in the Commonwealth, but it is often muted by the same forces that have long undermined our state's progress. Poverty and undereducation, we learn, are not only the products of inequality, they are the very issues with which we must reckon if women are to achieve equal opportunity in the marketplace, enjoy optimum health, escape dependence on welfare, and take their rightful place as leaders of the Commonwealth. While the progress of women is clearly on an upward trajectory, propelled by rising levels of education, a narrowing wage gap, improving health outcomes, and increasing employer responsiveness to the needs of women and their families, it is slowed by the relative poverty of women and the education they need to escape poverty but often do not have.

From the following essays, we learn that the dramatic movement of women into the labor force over the last half of this century will continue, as will the attendant public and private challenges that are its byproducts. From the disruption of conventional divisions of household labor to disturbing gaps in the care of dependent children and elders, women and their families face escalating stress. Women have traditionally met these caregiving and homemaking responsibilities, and they continue to shoulder most of the burden of balancing work and family. And it is a far more difficult burden for women who are single parents or who hold low-wage jobs. Indeed, the long-overdue protections of the federal Family and Medical Leave Act extend only to those who can afford to take time away from their job without pay. Clearly, the private and public sectors have become more responsive to the need for greater balance in the work-family dynamic, but the challenge of legitimizing alternative work arrangements and investing family and community with value equivalent, if not superior, to work remains before us.

From an economic standpoint, women have made remarkable progress over the past 20 years, gradually moving toward wage parity with men in spite of structural shifts in the economy. Though simple averages suggest that the wages of women relative to men in Kentucky have improved little over the past 30 years and that the gender wage gap is wider here than nationally, closer analysis reveals that the gap has actually been closing faster here and has been essentially the same as the national gender wage gap for the past 10 years. Though wage discrimination within occupations is likely a no bigger challenge here than in the rest of the country, the challenge of improving women's productive capacity remains. In order to achieve wage parity, women in the Commonwealth will need more education and more experience, and they will need to move beyond the traditional occupations and industries in which they now typically work. Indeed, Kentucky women can take small comfort in knowing that the traditional female jobs in which they are concentrated far more heavily than at the national level are expected to grow rapidly in number. Few of these jobs will offer real economic opportunity. As women gain education and move into more "nontraditional" jobs, their earnings outlook will brighten.

Importantly, a new gender gap favorable to women is emerging in college attendance and graduation rates. Ultimately, it may portend closure of the gender wage gap. If a college education continues to offer entree to wealth and status, men may find themselves searching for ways of closing the gender gap of the future. Conversely, if women continue to eschew technical fields and professions, their superior educations may prove an insufficient force for wage equity. Ultimately, however, the earnings differential between high school and college graduates that has persisted for decades, while small for college-educated women and high school-educated men, likely portends higher earnings and higher status for women in the years to come.

Women who live at the margins of our economy and who depend on the presence of a social

safety net to help support their families during times of economic stress face tremendous challenges. They are unlikely to be met by the simple mandates of welfare reform. Indeed, underlying assumptions about the work readiness of recipients, the availability of jobs and wages adequate to support a family, and the capacity of charities, families and friends to fill the gaps that will inevitably emerge simply do not hold up. And the economic challenges poor women face will be far more daunting in rural areas where poverty is more extensive, child care more scarce, and low-wage jobs predominate. Moreover, transportation and the distance to work, educational opportunities, and child care exact a higher cost and place a far greater burden on rural women.

In addition to helping poor women develop the critical educational foundation for economic independence, welfare reform compels special attention to closing spatial gaps in child care and addressing transportation needs. Moreover, the implications of these changes for economic development policies are profound. Without attention to the need to create entrepreneurial opportunities and more diverse, high-quality jobs in rural as well as urban and suburban areas, poor women in communities across Kentucky will remain at a significant disadvantage.

The future well-being of women in the Commonwealth will also depend upon the extent to which their voices are heard and represented in the halls of leadership. In spite of their clout at the polls, women are woefully underrepresented in elected offices here; only one other state has fewer female officeholders. Outside the state's urban areas, from which Kentucky's most successful female candidates have emerged, the powerful inertia of incumbency and entrenched male leadership keep many women from seeking or winning elective offices at all levels. Despite their dominant roles as voters and party workers, the state's political parties have not functioned as escalators for women who aspire to candidacy. Thus, research suggests, many of the issues important to women have gained neither the recognition nor the priority female leaders would assign to them. Consequently, the historically diminished role of women in the political life of the Commonwealth has in all likelihood slowed their advancement and undermined their well-being.

The outlook for women's health in Kentucky is mixed. On the one hand, rapid advances in medical and health research herald a future of improved therapies, longer life expectancies, and a higher quality of life. On the other hand, the health status of women in Kentucky will almost certainly continue to be adversely affected by high rates of poverty and undereducation which are associated with behavioral risk and poor health. In addition to the central and as yet unanswered questions about access to health care, the future health of women in Kentucky will remain inextricably linked to how rapidly we improve the educational and economic status of our citizens.

Finally, the future well-being of women in the Commonwealth will hinge upon how successful we are in our efforts to end the psychological, social, economic, sexual, and physical damage wrought by violence against women, particularly within families. Only by halting the destructive legacy of domestic violence in the lives of women and their children can we hope to achieve optimum future outcomes.

Many of the changes underway inspire optimism about the future well-being of women in Kentucky, but it remains circumscribed. While the status of women is being buoyed by remarkable change and progress, the vestiges of discrimination and inequality remain. In the years to come, women will almost certainly make incredible gains as their educational status surpasses men's, their years of experience become foundations for leadership, and their needs become priorities for the public and private sectors. The speed at which needed change occurs, however, will ultimately depend on our fundamental understanding of how persistent inequities affect the future well-being of our state and our nation and how diligent we are in erasing those inequities. With this volume, we hope to enrich understanding and inspire due diligence.

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Photo by Rick McComb, Kentucky Department of Education

Acknowledgments

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While many individuals contributed to this report, the Kentucky Long-Term Policy Research Center assumes full responsibility for its content. We welcome any and all comments.



Photo by Rick McComb, Kentucky Department of Education

Introduction

By Phil Jenks and Michal Smith-Mello

As an introduction to this volume, this article looks at a recent assessment of the relatively poor overall status of women in Kentucky and discusses trends and recent legislative actions that suggest promise for the future. Here, we also present general population and leadership survey responses that identify those issues most critical to the future of women in the Commonwealth.

By virtually any measure, the women of Kentucky have fared poorly over the course of modern history. They have remained disproportionately poor, undereducated, and underrepresented. As a consequence, the hard-fought gains of many U.S. women have not been fully realized here in the Commonwealth. Indeed, much ground on the road to equality with men and with their peers nationally remains to be closed by Kentucky women. Here, we examine the findings of a national report on the current status of women in Kentucky, which reveals a poor overall standing but shows some recent progress. We then turn to selected trends and recent legislative gains that suggest promise for the years that lie ahead. Finally, we present the findings of surveys of the general population and recognized leaders on women's issues, who were asked to identify the factors that will be key to the future of women in the state. The responses of citizens and leaders provide insight into those issues that warrant discussion, research, and action if the future before women in the Commonwealth is to be one of progress and advancement. Moreover, they provide the framework for the discussion that follows in subsequent chapters of this volume.

Current Status of Women in Kentucky

A 1998 report by the Institute for Women's Policy Research (IWPR), the second in a planned biennial series that measures the status of women by state, finds that, in general, Kentucky fares poorly on key indicators of well-being. Specifically, the report measures state performance in four broad categories: 1) political participation and representation, 2) employment and earnings, 3) economic autonomy, and 4) reproductive rights. Kentucky ranks near the bottom among states on the IWPR composite indexes for economic autonomy (48th) and political participation and representation (46th). On some individual measures, however, Kentucky's performance is rated more highly. For example, Kentucky ranks 33rd in 1992-1996 women's voter turnout and 21st in institutional resources for women. The composite index of four measures of the status of employment and earnings places Kentucky 44th in the nation overall, but the Commonwealth performs better on specific measures, such as median annual earnings (31st) and the ratio of women's to men's earnings (33rd). Finally, IWPR ranks Kentucky 41st in reproductive rights.

Compared to IWPR's 1996 report, the 1998 assessment suggests that the status of women in the Commonwealth is improving. Nevertheless, the report is a discouraging assessment of the well-being of over half of the state's population that not only raises questions about the current status of women but also underscores obstacles and possibilities for the future of women in the state.

The IWPR report presents a particularly disturbing assessment of the state of political representation of women in the Commonwealth. As in 1996, it ranks Kentucky 49th in the nation in the proportion of women elected to office. Because the needs of men and women within the realm of public policy are distinctive, this poor performance is particularly significant. We are equal but not interchangeable. Research has shown that women are more likely to support women's issues irrespective of party affiliation,¹ and legislatures with larger contingents of female lawmakers are more likely to address issues that affect women's lives.² Consequently, inadequate representation is likely a root cause of the poor status of women in the Kentucky. As IWPR's 1996 report observed, "Women need to be at the table when policies affecting women's lives are discussed to ensure that women's unique perspectives are being included in the debate and their needs addressed."³

Economically, women in Kentucky have made modest gains. In employment and earnings, Kentucky's status remains poor but the state has made important progress, moving from 49th overall in 1996 to 44th in 1998. On specific measures, the state made some significant gains, moving from 44th in the nation to 33rd in the ratio of earnings between full-time, year-round employed women and men, with a woman earning about 70 cents for every dollar earned by a man in Kentucky. Female labor force participation in the state, however, remains low. In 1995, only eight states had a lower female labor force participation rate than Kentucky where just 56 percent of women worked.⁴

While they have made recent gains, few working women in Kentucky have been able to break through the so-called glass ceiling into the ranks of management. The percent of employed women in managerial or professional occupations is 26.2 percent in Kentucky compared with 30.3 percent nationally. Because only an estimated 12.1 percent of women in the state had four or more years of college in 1990, it is difficult for many to break out of traditionally low-paying, labor-intensive jobs, particularly in view of the growing demand for high skills. Further, unyielding high poverty rates indicate the presence of many unemployed and working poor women in the state. Women in poverty have disproportionately poor health, limited access to necessities, and, inevitably, a lower sense of self-worth, forces that combine to trap women in poverty.

Ultimately, however, the low economic and education status of Kentuckians as a whole raises the question, "To what extent is women's status merely a function of the state's poor standing?" Some indicators of the low status of women are attenuated by Kentucky's economic and political position. For example, Kentucky ranked 43rd in the nation in percent of population below the poverty level and 48th in percent of population with four or more years of college in 1990.⁵ However, when one controls for Kentucky's relatively low education and income status, Kentucky women still fare more poorly than men and than most women in the nation.

¹ Institute for Women's Policy Research (IWPR), *The Status of Women in the States* (Washington, DC: Author, 1996): 7.

² IWPR, *The Status of Women in Kentucky* (Washington, DC: Author, 1998): 9.

³ IWPR, *The Status of Women in the States*.

⁴ It should, however, be noted that absence from the labor force is not, in itself, necessarily problematic for anyone, male or female. Separation from the labor force can be a sign of autonomy. However, when taken in conjunction with a broader array of negative employment and earnings indicators, the indicator of percent of women in the labor force suggests a lack of access to labor rather than a matter of autonomous preference.

⁵ U.S. Bureau of the Census, online (<http://www.census.gov/statab/www/states/ky.txt>), Internet. The more outdated 1990 data are provided here for the purposes of comparison with "The Status of Women in the States," which utilizes the same data set.

Positive Trends

While some indicators do not bode well for women in the state, some reveal potential for progress. Women's enrollment in postsecondary education, for example, is on the rise and is expected to continue rising. During the 1980s, the percentage of women in Kentucky with four or more years of college increased by 25 percent. Though this progress is noteworthy, the increase in women with four or more years of college was considerably higher nationally at 44 percent.⁶ By 1992, young women earned more than half of the bachelor's degrees in the United States.⁷ For women, education is more critical than ever before as a means to economic opportunities, as well as personal enrichment.

Another indicator that suggests promise for the future of women in Kentucky is the number of institutional resources, public and private, that advocate on behalf of women in the state. In addition to the ongoing presence of the governor-appointed Commission on Women, two women's agenda projects are underway in the state. Additionally, Kentucky Women's Advocates and the Kentucky Women's Leadership Network champion issues of concern to women and help cultivate an expanding base of female leaders. These advocates on behalf of women not only provide information on women's issues to the public but also bring important attention to women's issues in the policymaking arena. Over time, the strength of institutional resources in Kentucky may help foster deeper involvement in the political process. Finally, such resources mark the vibrancy of women's organizations in Kentucky, an important source of strength in a state where other resources are lacking.

While these indicators of promise are at best modest, they are proof of the possibility for change, even in a highly challenging environment. Moreover, they demonstrate the possibility of progress on issues that are both difficult and diverse, ranging from welfare to the wage gap, from education to employment, from domestic violence to health care.⁸ Though these possibilities give cause for hope, they remain circumscribed by the grim circumstances that surround them. Even when considering the positive strides made in recent years, the current status of women in Kentucky remains poor. Consequently, the role of public policy in shaping a preferred future of greater equity is critically important.

Some telling indicators of the future well-being of women in the state are the legislative measures passed in the most recent session of the General Assembly. These measures not only show an expanding framework of support for women, they suggest a growing legislative willingness to act in the interest of women. In the area of women's health, significant advancements were made with the passage of a comprehensive women's health bill (HB 864). This bill requires disease-specific data collection with regard to gender, age, ethnicity, geographic region, and socioeconomic status, which could provide an important foundation for public health policy in the years to come. Further, the bill mandates private insurance coverage for breast reconstruction from mastectomy due to cancer, diagnosis and treatment of endometriosis, and bone-density testing. Moreover, it prohibits the denial of insurance claims from domestic violence victims on the basis of pre-existing conditions and prohibits outpatient mastectomies. It allows drug offenders to remain eligible for public assistance if they have been assessed as chemically dependent and are in a chemical dependency treatment program or pregnant and an otherwise eligible recipient. Finally, it establishes an Office of Women's Health,

⁶ Robert W. Cox, "Kentucky's Per Capita Personal Income: The Roles of Women and Education," *1998 Kentucky Annual Economic Report* (Lexington, KY: Center for Business and Economic Research, University of Kentucky, 1998): 32.

⁷ IWPR, *The Status of Women in the States* 25.

⁸ It is *not* suggested here that Kentucky's problems on women's issues are less significant because progress has been made. The goal here is to note transformations, both positive and negative, that have taken place—and to trace the potential impact of these transformations on the future well-being of women in this state.

which, while unfunded, brings new focus and attention to issues that clearly impinge on the well-being of women.⁹

Recent legislation was not limited to women's health, however. Bills pertaining to welfare reform, domestic violence, and child care also passed. In the case of welfare reform, HB 434 created the Kentucky Education Access Program for parents, which mobilizes existing funds to encourage and support educational and vocational programs for parents who receive public assistance. SB 264 established the Governor's Office of Child Abuse and Domestic Violence Services, bringing important visibility to an issue that is central to the health and well-being of women across the Commonwealth.

While many important bills did pass, support for women's issues was hardly unanimous. A bill requiring the Governor to provide equal gender representation on administrative boards and commissions failed (HB 304), along with attempts to establish employer-assisted child care, health care, and transportation (HB 203), and a child-care matching grant program. This latter loss was partially offset by the passage of HB 756, which established a voluntary \$1 child-care assistance contribution for low-income working parents collected by the county clerk when issuing driver's licenses.

Identifying Factors Key to Women's Future

To better understand what the future may hold for women in Kentucky, we sought to identify the *key factors* that are likely to affect their well-being in the years ahead. Recognized and predominantly female leaders on women's issues and the general population were asked the same question: *What are the three most important issues or factors, positive or negative, that will affect the future well-being of Kentucky women?* For this study, women "leaders" were defined as elected representatives, leaders in the business community, leaders in the political realm, academics who specialize in women's issues, and social workers who deal with women's issues.

By focusing on both leaders *and* the general population, a wider net was cast garnering a more capacious understanding of Kentuckians' perspectives on women's issues.¹⁰ Leaders are important to such a study because women's issues are often (but not always) their area of expertise and because their opinions provide a policy perspective. The general public's understanding of the issues is important for a wide variety of reasons. First, in responding to the public, the model is democratically responsive. What concerns the public and leaders guides the topics of our report. Second, the public's opinion is also important because the public is the recipient of policy changes. What may seem promising from the perspective of policymaking may seem less so from the perspective of those who feel the effects of policies. It is distinctions such as these that led us to conclude that the public's observations are a key complement to those of leaders on behalf of women.

Method. For the leaders' survey, 30 leaders in fields involving women's issues were asked to identify the issues they think will be most likely to affect women in Kentucky in the years to come.¹¹ These 30 leaders were asked, additionally, to name other leaders on women's issues. A total of 141 additional leaders were identified and subsequently mailed questionnaires.¹² A total of 85 responses were received, 66 in writing and 19 via telephone. While we did not collect data about the gender, education, age, or income of respondents, we can make some informed guesses. First, most of the

⁹ Lindsay Campbell, formerly an executive assistant with the Commission on Women, provided the Center with information on the status of these bills.

¹⁰ While less applicable to this particular study, an understanding of the relationship between leaders and the general population on a plethora of issues was obtained. Future research focusing on representation in Kentucky could benefit from these data.

¹¹ While geographic diversity dispersion of experts was sought, it is believed that the state's urban triangle may be overrepresented.

¹² For question, see above.

respondents are women. Second, it can be inferred that they are slightly older and more educated than the general public since many of the occupations leaders hold require higher levels of education. Third, because they are likely to be more educated, leaders can also be expected to have higher incomes than the general public.

The opinions of the general public were surveyed in a separate poll by the University of Kentucky Survey Research Center during the fall of 1997. Unlike the research on leaders' opinions, this larger poll enabled the Center to discern any distinctive trends in the data, including difference in opinion based on gender, education, and geographic location.¹³ Moreover, the general population survey is more representative of Kentucky as a whole in terms of income, education, and geographic location. A total of 635 respondents were polled, with a roughly equal gender distribution. The respondents were asked the same question about the future well-being of women that was asked of the leaders. We now turn to the survey results for a consideration of the future well-being of women in Kentucky.

Survey Results. Responses from both surveys fell into 15 broad categories,¹⁴ which are defined here with itemized lists of the most common responses given by participants.

- ❑ **Dependent Care:** Child care (affordability, accessibility, excellence), adult foster care, elder care.
- ❑ **Economy:** Lack of jobs, lack of good jobs, lack of job benefits, need for better working conditions, personal/household finance, poverty, tax incentives, need for more high-tech jobs, integration into the global economy.
- ❑ **Education:** Education issues in general, higher education, more/better job training, quality concerns, better education/reforms, home schooling, education funding, access and technological savvy.
- ❑ **Environment:** Environmental dangers to women as individuals and to mothers and their children.
- ❑ **Equality:** Pay equity, unequal job and job advancement opportunities by gender, workplace sexual harassment/sexism, general employment equality, gender inequality in education, need more/better education of women.
- ❑ **Family Policy:** Family-friendly workplaces, parenting, multiple commitments by women to family and work (i.e., both traditional *and* modern expectations of today's women), community/kinship ties to support parents in preparing children to become productive and socially active citizens, lobbying by women for social services programs and/or against easy divorce; long-term government vision rather than short-term reaction.
- ❑ **Health:** General health issues, cancer research, affordable care/insurance, need for better health insurance, need for greater availability of health care, need for better prenatal/natal/childbirth care, birth control, smoking, all reproductive issues.
- ❑ **Housing:** Housing/better housing, homelessness.
- ❑ **Leadership/Political Representation:** More women needed in politics, voter and political participation and involvement, government reform, politicians ignore women/biased against women, representation on boards and commissions and in elected offices, and political involvement at the grassroots.
- ❑ **Other:** Miscellaneous responses, no response. Other responses include refusal, "don't care" and "don't know."
- ❑ **Prejudice:** Discrimination against women,¹⁵ racism/race relations.

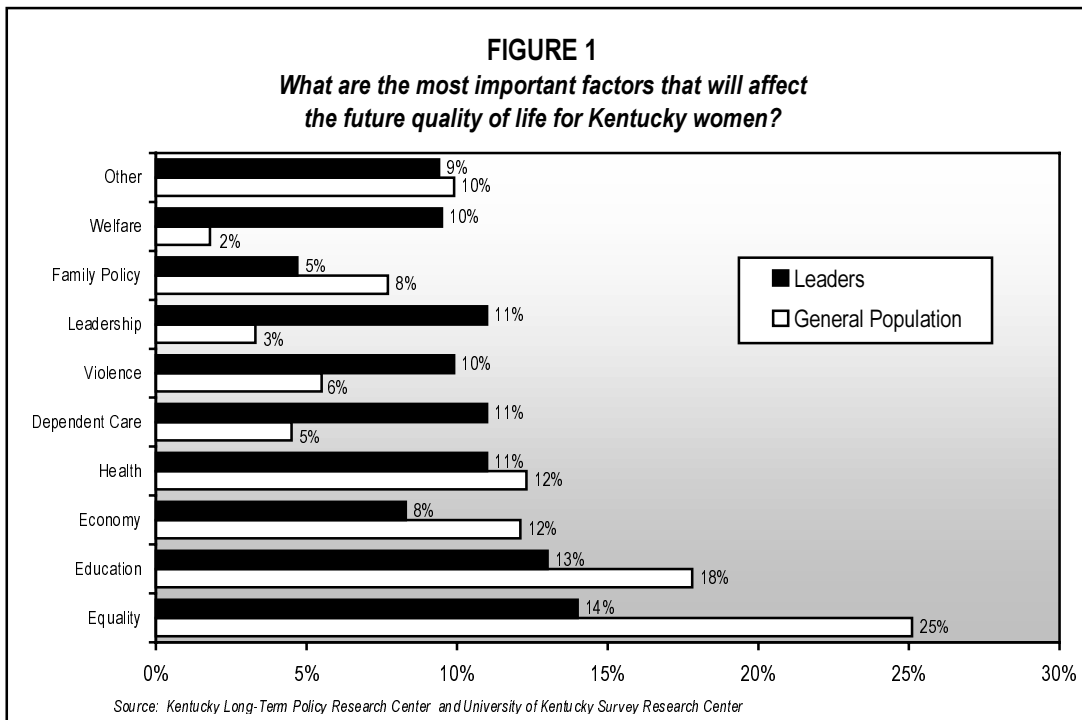
¹³ Our analysis shows that the differences between men and women are small.

¹⁴ The categories were created inductively from the responses. These items were not predetermined to be the important issues, but rather emerged from the opinions of leaders and the general population.

¹⁵ It is important to note here that some overlap occurred between the categories of equality and prejudice. The overwhelming majority of statements placed in the "prejudice" category pertain to a nexus of racism and sexism. Of those that relate to

- ❑ **Religion:** Any considerations pertaining directly to religious upbringing/orientation.
- ❑ **Sisterhood:** Women's rights, mentoring programs for girls and women, support for women-specific issues, issues of self-esteem and loneliness.
- ❑ **Teen Pregnancy:** Teenage pregnancy.
- ❑ **Violence Against Women:** All forms of domestic violence against women, including battery, coercion, and rape, all forms of violence against women outside domestic settings, issues pertaining to women's safety both in and out of the home.
- ❑ **Welfare:** Welfare reform and all other responses that centered on the topic of welfare.

Distinctions Between Groups Surveyed. Overall, members of the general public and leaders share similar opinions about what are the most important issues and trends influencing the future well-being of women in Kentucky. However, some interesting distinctions appear. From leaders, no clear-cut, single "women's issue" emerges. Rather, they regard a myriad of interrelated issues as important. As illustrated in Figure 1, 14 percent of responding leaders cite equality as a key issue, and 13 percent cite education. Leadership, health care, and dependent care are named by 11 percent of respondents, and just under 10 percent of respondents note welfare reform and violence against women as critical issues. While education and equality are highly important to leaders, many other issues are as well. Issues are evenly distributed with a mere 4.5 percentage points separating the top seven issues from one another.



discrimination against women in general, the following distinctions were made. When answers regarding practices of discrimination focus upon the topic of equality, the comment was placed in the equality category. Remaining statements regarding discrimination were placed here.

While leaders voice a concern for a wide variety of issues, the general public tends to be more focused. Equality receives a full 25.1 percent of the general public's responses, with education second at 17.8 percent, and economy and health third at 12.1 percent and 12.3 percent respectively. Other topics of interest include family policy, violence against women, dependent care, sisterhood, and leadership.

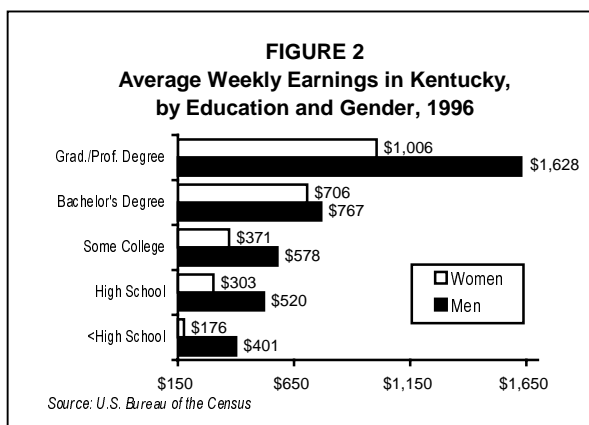
While this wide array of divergent interests looks, at least superficially, similar to the survey of leaders, some differences emerge. Equality and education are emphasized by a much greater margin of the general public than by leaders in the community. Perhaps most interesting are the different rankings of *leadership* and *economy*. In the survey of leaders, leadership places third at 11 percent, only 3 percentage points behind the leading category of equality, while in the survey of the general public, leadership is ninth at 3.3 percent, nearly 22 percentage points behind the leading category of equality. The general population appears less concerned with the percentage of women in high-level elected and public or private sector positions than are leaders. Interestingly, while the topic of leadership drops in the general population survey, the economy rises in importance. Economy is ranked eighth by leaders, while it is close to third (missing by .2 percent) in the survey of the general public. This category focuses primarily on the issue of jobs in Kentucky. While the issue of equality encompasses concerns about economic equity, the economy as a category is more focused on concerns about employment opportunities for women or on issues of poverty.

In conclusion, while leaders and the general population share equal levels of concern for the top two issues of equality and education, the general public rates the economy (i.e., overall economic development, jobs for Kentuckians) third, well above the myriad issues that concern leaders in the state. In the leaders' case, health, dependent care and leadership tie for third place. Here, we discern an important distinction: Leaders tend to focus more on leadership (and less on the economy) while the general public focuses more on the economy (and less on leadership).

Key Trends and Issues. The key trends and issues ranked in order of percentage of responses from all respondents are:

1. Equality
2. Education
3. Economy
4. Health
5. Dependent Care
6. Violence Against Women
7. Leadership
8. Family Policy
9. Welfare Reform

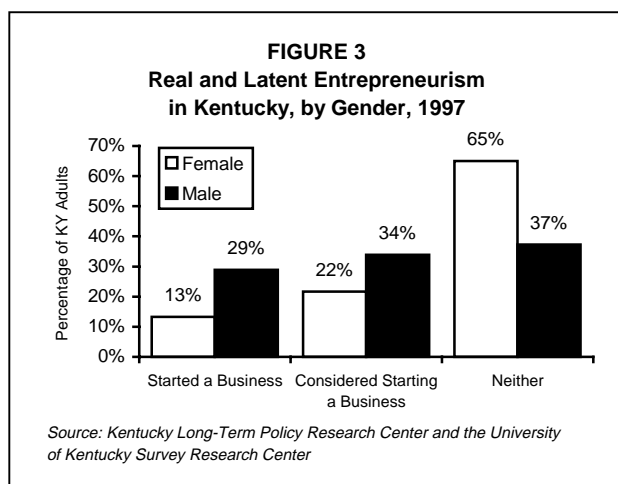
While this snapshot of Kentuckians' opinions on these issues is useful, a fuller understanding of the meaning of the terms is needed. Here *equality* deals primarily with issues pertaining to economic equality, including continued pay inequity, high- and low-level job discrimination, and sexual harassment. Within this spectrum of economic issues, the primary focus is on the wage gap, which, on average, has narrowed only slightly in Kentucky over the past 25 years. In 1994, the earnings ratio between full-time, year-round employed men and women was 68.5 per-



cent at the national level and 62.9 percent in Kentucky, which ranked 44th among states.¹⁶

Pay inequity, the glass ceiling, and a sense of autonomy that women have frequently been denied are all points of concern for leaders in this state. Barriers of discrimination, both explicit and implicit, remain intact, according to most leaders and the general public. As one leader writes and Figure 2 illustrates, “Women still lag behind men in salaries being paid, even when educational status and tenure of service are comparable for designated employment position.” Another notes, “With lower incomes, women cannot move into the social circles, which are vital to improve the position to gain top-level management positions. Women without spouses are not given equal footing with single men in hiring and upper management positions. One cannot achieve this status without an income to support an independent life.” In these cases, equality is primarily associated with the efforts (or lack thereof) of employers. Other leaders express concern over equality and problems of wage inequity on a more systemic level. Rather than viewing the problem of economic equality at the level of hiring, giving raises, and firing, some integrate this problem into a broader network of problems for women and men. In this scenario, the focus is on cultural and institutional sexism. Here, inequality is not just a matter of unequal pay. Rather, it is rooted in traditional perspectives of women’s roles in society.

Still, other leaders view the issue of equality (and inequality) in a more positive light. One writes, “Positively—Women are challenging the glass ceiling by moving out from underneath it and



starting their own businesses at astonishing rates, employing more than *Fortune* 500 companies and becoming a force within community economic development. There are now 99,000 women-owned businesses in Kentucky.” As illustrated in Figure 3, these entrepreneurial achievements have come in spite of the fact that women in the state are less likely to have started or considered starting a business than men.

Survey respondents who cite *education* address both the quality and quantity of women’s educational attainment. Most recognize that, while education does not guarantee wage equity, undereducated

women have far greater difficulty competing in the marketplace. While education is recognized as more than a means to economic betterment, leaders in Kentucky are keenly aware of the strong relationship between educational attainment and income. Some note that as the state moves into an information- and service-based economy, education and training will play a greater role in every citizen’s economic standing. Whether discussing the professional sector or entry into lower-paying positions, leaders note the increasing importance of rising expectations of education and training, irrespective of socioeconomic background.

Currently, women constitute 58.5 percent of the undergraduate population and 62.8 percent of the graduate population at Kentucky’s publicly financed institutions of higher education. However, the percentage of women in the first-professional population (law, medicine, pharmacy, and dentistry) is only 40.3 percent. Women continue to actively pursue education, earning over 60 percent of the total degrees conferred by state-supported institutions. Finally, the six-year graduation rate for women is markedly higher than for men, 40.3 percent compared to 33 percent.¹⁷

¹⁶ IWPR, *The Status of Women in the States* 50.

¹⁷ Data here are from correspondence with Roger Sugarman, Council on Postsecondary Education.

The education concerns of leaders range from college to technical and vocational training attendance and graduation to knowledge of the World Wide Web. These leaders are concerned about educational opportunities that extend well beyond the classroom. One leader cites “technological savvy” as a key factor in women’s future, linking it with a broader set of economic concerns, including the ability to run home-based businesses or telecommute. Another leader calls for educational reform that includes gender concerns, “Where it works well [education reform] seems to be including more gender-sensitive education and participation by mothers and women in policy decisions about their children’s education.” This same leader also cites “the growth of community colleges and their outreach to older women” as a positive development.

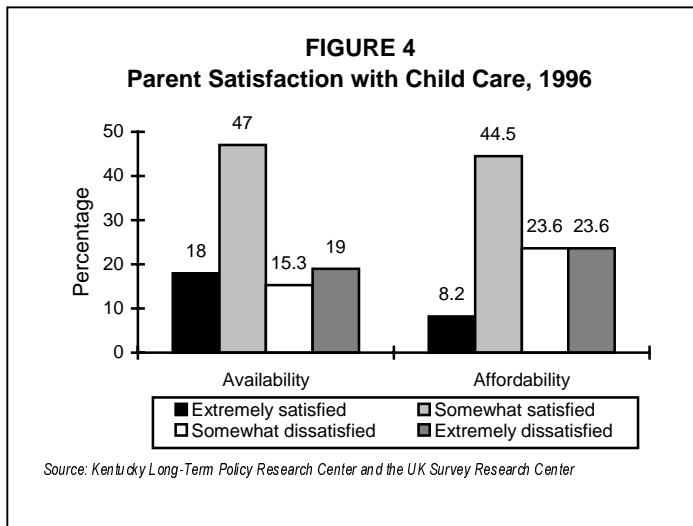
The increased specialization of labor is of particular interest to leaders who cite the *economy* as a key issue. Gender distribution in various professions and the future of those professions in the state is often cited as an important factor in women’s future. Concern for job security and women’s future in the marketplace is ubiquitous among the general population and strong among many leaders. What, some asked, will be the future of professions that have traditionally been dominated by women (or men) in Kentucky? Will these professions continue to divide along gender lines or will men and women be integrated into various professions? These economic concerns are not merely a matter of women colliding with a glass ceiling, but also with the possibility of declining wages and job openings in some segments of the manufacturing and service sectors.

The majority of those who see *health* as a critical factor in women’s future focus on the affordability and availability of health care, but concerns range from insurance coverage to gender-specific illnesses to violence against women. Women in Kentucky not only face the same problems of accessibility, affordability, and quality of health care that men face, their problems are magnified by an unequal distribution of income. In regards to health care, one leader asks, “Will our commonwealth do what it takes to improve the quality of life for all women, rich or poor, regardless of race or region?”

Another respondent notes that as women move into the workplace at a greater rate, they can be expected to experience an increase in diseases that traditionally strike men (e.g., heart disease). Research shows that quality care for breast cancer, cervical cancer, osteoporosis, pelvic inflammatory disease, and endometriosis are necessary for women’s health, but not sufficient. Indeed, *the leading cause of death among women is heart disease*. Heart attacks and strokes combined pose more of a risk to women’s lives than any form of cancer.¹⁸ Because the majority of research on the causes of cardiovascular illness has been performed on males, understanding of potential distinctions in the causes of heart problems among women remains limited. Moreover, given the long-term risk that a rising population of teen and adult female smokers poses, heart disease and a range of illnesses linked to smoking may become a greater health concern for women in Kentucky.¹⁹

¹⁸ Noted in *A Report on the Status of Women’s Health in Kentucky*. These data, however, are from J. Horton, ed., *The Women’s Health Data Book* (Washington, DC: The Jacobs Institute on Women’s Health, 1995).

¹⁹ Obesity data can be found on p. 98 in Finger et al., *Kentucky Health Interview and Examination Survey, 1993*. Disagreement remains over the rate of young female smoking but no disagreement that smoking has had a devastating effect on women’s health. At the national level, lung cancer surpassed breast cancer as the leading cause of cancer mortality among women in the United States during the 1980s. Lung cancer mortality rates in Kentucky are the highest in the nation for men and second highest for women.



As with health care, respondents who cite *dependent care*, whether for children or aging parents, address the topics of affordability and availability. As illustrated in Figure 4, a University of Kentucky Survey Research Center survey for the Kentucky Long-Term Policy Research Center finds that a significant minority of parents in the Commonwealth are dissatisfied with both the availability and the affordability of child care in the state. Affordability is of particular concern. The care of dependents is significant for the future well-being of women because

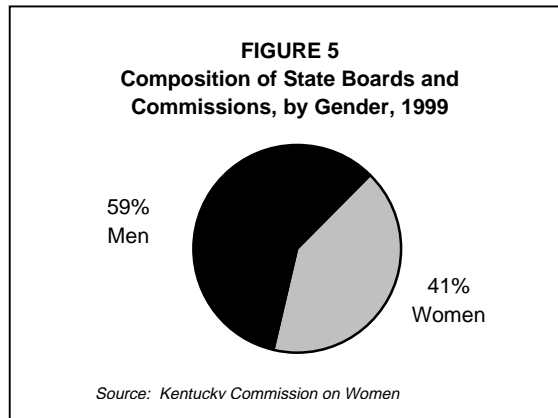
they traditionally assume the role of caretaker. As more women enter the labor force and become heads of households, responsibilities and stresses expand. As one leader observes, “For the first time in history, the percent of working mothers has surpassed the number of women parenting at home. Today there are too few good options for women needing child care. This trend must be reversed if women and their families are to continue to thrive.” Another leader pointed to the need for more family-friendly policies such as flexible work schedules, job sharing, and on-site child care.

While strong differences emerge among leaders in regard to the root causes of gender inequality, fewer differences are noted on the issue of dependent care. Availability and affordability are repeatedly referred to as keys to the future well-being of women in Kentucky. The uncertainties of the dependent care system leave primary caretakers deeply concerned about the well-being of their loved ones, an issue that should be of concern to all employers, particularly given the growing shortage of trained and skilled workers.

In the leaders’ survey, concern about the safety of women, about *violence against women* in all its forms, domestic and otherwise, is voiced repeatedly. Clearly, preventing violence against women, which is unfortunately quite common, is essential to the well-being of women in Kentucky. However, leaders differ over what to emphasize when dealing with these issues. Generally, some are more concerned with the treatment of victims while others focus on the apprehension and punishment of the victimizers. In the case of one leader, the solution to the dilemma of violence against women is more vigorous law enforcement, “more teeth in our domestic violence orders; EPO’s served quicker; stern penalties for violations; perpetrator tracking.” Another leader reminds us of how commonplace violence against women is in relationships. “Women are 14 times more likely to experience interpersonal violence than are men. This includes rape and spousal or partner abuse which in 95 percent of the cases is a male perpetrating against a female.”

Domestic violence is a devastating problem that dramatically affects those involved. In addition to the toll it takes on the lives of those directly involved, violence against women has an economic impact, affecting productivity and, increasingly, safety in the workplace. The problem also burdens the health care system as an estimated 12 percent to 35 percent of women treated in emergency rooms are believed to be victims of domestic violence. Finally, it is a significant societal problem. As one leader observed, “As long as women are battered, it will be difficult for our gender to make significant advancements. It continues to diminish the quality of life for *all* women. We must empower young women to recognize that control and possessiveness in relationships do not indicate ‘true love’ and we must teach young men that domestic violence indicates feelings of inferiority, generally used to compensate for perceived inadequacies.”

Responses about the importance of women in public and private roles of *leadership* are not only linked to the desired goal of equal representation, but also to the need to bring women's issues and perspectives to the center stage and provide young women and girls with positive role models. As illustrated in Figure 5, one measure of equity, membership on state boards and commissions, fell short of equal representation in 1999. One leader cited the need for women and minorities in the political sphere, "Usually men cannot and do not know enough about female issues to speak for us . . . Unless and until all voices have been heard by white, black, poor and rich females, the same problems will always be there like they always have been."



From the perspective of leaders, *family policy* intersects with concerns raised about dependent care. While the former issue focuses more explicitly on the care of dependents, concerns about family policy center on the expanding roles of women in contemporary society. Today, expectations of women in the workplace are compounded by even more demanding expectations at home. One leader compiled a sobering and familiar list of the duties many women assume: "Women [are] already in the workplace undertaking professional roles and yet faced with the very real burden of responsibility for maintaining family duties. . . . infant care; the nurture of school children; overseeing adolescents with all their attendant difficulties; tending to older parents; housekeeping . . . The demands are mind-boggling, and the strain that will inevitably be placed on women will manifest itself in terms of increased physical and psychological problems." For leaders and for those who shape public policy, these issues raise important questions. How can employers in Kentucky help moderate these problems and their inevitable impact on the workplace? Moreover, how do we turn similar matters, which have been predominantly reserved for the private sphere, into questions of public policy?

In the case of *welfare*, the interest of leaders falls primarily on statewide efforts to improve and streamline the system, extending accountability for welfare recipients through a variety of measures and readying people on welfare for the workplace. Yet not all leaders are enthusiastic about welfare reform in the state. "The most serious question that I see facing the women of Kentucky . . . is the plight of welfare mothers. Women attempting to support families on severely reduced income, who are being forced back into a job market for which they are ill-prepared educationally, are caught in an impossible crunch." Another leader sees welfare reform as an attack on traditional family values. "Welfare reform is in some ways a direct attack on single mothers, changing the acceptable image of the 'Mother.' It is no longer acceptable to be a mother at home caring for children . . . she must be going to work, regardless of the type of job, the lack of child care, low-wage, no benefits employment."

Outline of the Report

In the chapters that follow, we explore in depth the major issue areas identified by respondents to our surveys of women's leaders and the general population. Broadly, these chapters consider the enduring power of culture and tradition in the private sphere of women's lives where they must balance work with the demands of home and family life and in the public sphere of political leadership where they are woefully underrepresented. We also examine a range of economic factors, including wage equity, employment prospects, and the rising educational status of women, that are likely to have a profound influence on the future economic status of women. The tremendous obstacles that poor and rural women must overcome in order to move from welfare to employment are also illuminated, as are issues that are fundamental to the future physical and emotional health of women, including domestic violence. The order of presentation of these articles was determined by thematic links, rather than by the order of importance that leaders or citizens assigned to these issues. While the issue of dependent care is discussed in articles on balancing work and family life and on welfare reform, we have not dedicated a separate chapter to it in this volume. However, a separate monograph on dependent care is underway and will be issued by the Kentucky Long-Term Policy Research Center in 1999.

From this exploration, we hope that a fuller understanding of the issues most relevant to the lives of women in Kentucky will emerge and enable a more responsive and constructive public policymaking environment. From such an environment, we can begin to build the critical framework needed at every level to support and sustain a preferred future for women of the Commonwealth.

Life in the Balance: Integrating Employment and Family

By Cynthia Negrey
University of Louisville

During the past 50 years, women have moved into the U.S. labor force at a dramatic pace, creating significant demands on women as they balance work and family life. In spite of their growing presence in the labor force, women disproportionately assume housekeeping and caretaking responsibilities. While private employers and the federal government have responded to the growing demand for more balance in the family-work dynamic, the pace of change has been slow. To diminish work-family conflict and confront the parenting crisis we face, we must rethink the value system we have created around work.

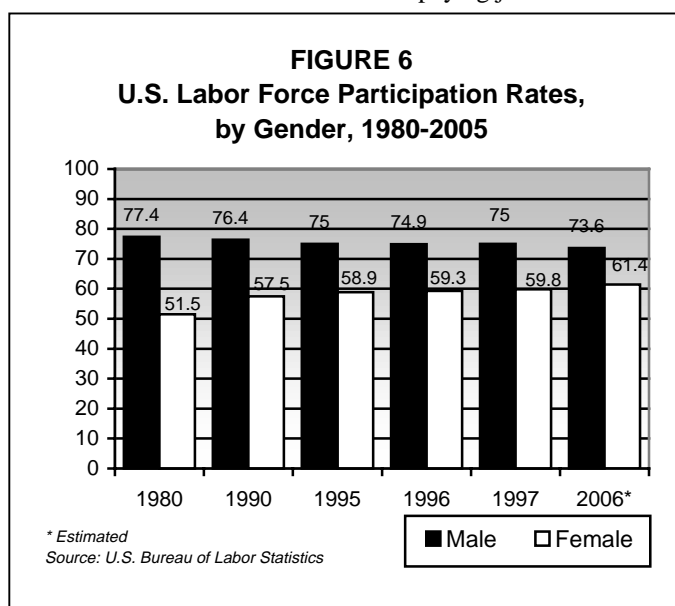
During the past 50 years, women in the United States, especially married women and mothers, have dramatically increased their labor force participation rates. The expanding role of women in the paid labor force can be attributed to the economic stresses created by a prolonged stagnation of wages, higher educational attainment by women in the postwar era, expansion of certain economic sectors, and women's own desire to participate actively in the paid labor force. Women's entry into the labor force has made increasingly important contributions to the economic well-being of families, but not without a cost. Ultimately, many would argue, that cost will extend to the larger society if it fails to respond to the growing need for more balance in the family-work dynamic.

The sweeping movement of women into the labor force, perhaps the most dramatic labor force change in this century, has created a new set of challenges. They include the disruption of conventional household divisions of labor, increased stress on women and families, and the need for the public and private sectors to help families cope. Women continue their traditional roles as primary caregivers even when employed outside the home, thus creating a "double day" of paid and unpaid work. Combining work and family responsibilities has been difficult for most women and increasing numbers of men. Business practices and government policies have begun to respond to these challenges, but for a variety of reasons, these programs have not been widely embraced. In the absence of adequate public and private responses to the growing need to better integrate work and family, a crisis in parenting and caregiving is emerging.

This chapter presents data on the trends in women's labor force participation in the United States and in Kentucky. Then, using scholarly research on work-family conflict as a backdrop, it discusses current government policies and employer programs intended to diminish such conflict. The chapter's conclusion speculates about future developments in the well-being of women in Kentucky.

The Upward Trend in Women's Labor Force Participation

Trends in women's labor force participation in the United States have been steadily upward for virtually every female socioeconomic and demographic group. In 1940, 86 percent of married women were full-time homemakers, but, by 1994, 61 percent were in the paid labor force.²⁰ The percentage of women in the U.S. paid labor force has steadily increased since the 1950s. Today, women are less likely to step out of the labor force during their childbearing years, a fairly common practice almost 50 years ago. Between 1940 and 1995, women workers increased from one quarter to nearly one half of the labor force. Before World War II, labor force participation was highest among working class, poor, and minority women. Middle class and affluent women remained outside the labor force as beneficiaries of family wages paid to their employed husbands. Today, large numbers of even middle class and affluent women hold paying jobs.



As illustrated in Figure 6, women's labor force participation rates continue to be lower than men's, but their rates appear to be gradually converging. By the year 2006, the U.S. Bureau of Labor Statistics projects that 61.4 percent of U.S. women will participate in the paid labor force, compared to 73.6 percent of men. While the labor force participation rates of women are expected to increase by 10 percentage points between 1980 and 2006, men's rates are expected to decline by 4 percentage points. Though fewer women participate in the labor force, across every age group, the distribution of the labor force by gender has become nearly identical. By 1996, for example, 24.9

percent of the civilian labor force, ages 25 to 34 years, was female compared to 25.6 percent male. In 1960, only 17.8 percent of the labor force in this age group was female compared to 22.1 percent male.²¹

Similar to national trends, labor force participation rates have increased during the past two decades for women in Kentucky, whether married or unmarried, with or without children. The estimated labor force participation rate of married women over age 16 in Kentucky rose to 59.8 percent by 1990, while the rate for unmarried women rose to 50.9 percent. African-American mothers with school-age children have the highest participation rate among unmarried women with school-age children in Kentucky, at 62.5 percent, while white unmarried women with children under 6 years of age have a labor force participation rate of 82.3 percent.²²

Some of the most dramatic increases in labor force participation nationally have been among women with children (see Table 1). This is also true in Kentucky where some of the higher growth rates have been among mothers, especially mothers of small children. Among all Kentucky women with children under 18, labor force participation increased to 65.1 percent in 1990. At that time, over two thirds (68.8 percent) of all women with children under 6 and nearly two thirds (63 percent) of those with school-age

²⁰ Francine D. Blau and Ronald G. Ehrenberg. *Gender and Family Issues in the Workplace* (New York: Russell Sage Foundation, 1997) 1.

²¹ U.S. Bureau of the Census, *Statistical Abstract of the United States* (Washington, DC: Government Printing Office, 1997) 400.

²² Hester R. Stewart, *Women in Kentucky: A Documented Profile* (Frankfort, KY: Cabinet for Workforce Development, 1991) 19.

children were in the labor force.²³ Fifty-two percent of unmarried women with children age 6-17 years were either employed or were looking for paid work in 1990. This group had a much lower rate, however, than married women with children 6-17 years, whose rate was 72.4 percent.²⁴

Table 1
Labor Force Participation Rates of U.S. Women, Age 16 Years and Older,
by Presence and Age of Own Children, Selected Years, 1975-1996

Labor Force Participation Rate	March of—									
	1975	1980	1985	1990	1991	1992	1993	1994	1995	1996
All Women	45.9	51.1	54.5	57.2	57.0	57.4	57.2	58.4	58.7	58.8
With No Children Under 18	45.1	48.1	50.4	52.3	52.0	52.3	52.1	53.1	52.9	53.0
With Children Under 18	47.3	56.6	62.1	66.7	66.6	67.2	67.0	68.4	69.7	70.2
With Children 6 to 17, None Younger	54.8	64.3	69.9	74.7	74.4	75.9	75.4	76.0	76.4	77.2
With Children Under 6	38.8	46.8	53.5	58.2	58.4	58.0	57.9	60.3	62.3	62.3

Source: Howard V. Hayghe, "Developments in Women's Labor Force Participation," *Monthly Labor Review*, Sept. 1997, p. 42.

Note: Data beginning in 1994 are not strictly comparable with data for prior years because they incorporate the results of a major redesign of the Current Population Survey and 1990 census-based population controls adjusted for the estimated undercount.

The Changing Dynamics of Family Care

Increases in their workforce participation rates and other demographic factors have resulted in significant changes for women and their families over the last several decades. In 1992, both parents were employed in 42 percent of families with children, compared with 35 percent in 1975.²⁵ And families with employed husbands and stay-at-home wives accounted for only 18 percent of all families in 1992, compared with 67 percent in 1940. Moreover, increases in divorce and the number of unmarried mothers have increased the number of families maintained solely by employed women. The proportion of women who are single heads of households in the workforce grew from about 5 percent in 1965 to a little over 11 percent in 1992; meanwhile, the proportion of father-only families has remained stable at around 3 percent.²⁶ And the proportion of female single parents who work will likely increase in the near future because of recent welfare-to-work reforms.

These dramatic changes in women's labor force participation have altered the dynamics of family life in the home. A profile of the U.S. workforce today shows that:²⁷

- ❑ 85 percent of wage and salaried workers live with family members and have day-to-day family responsibilities
- ❑ 46 percent of wage and salaried workers are parents; that is, they have children under age 18 who live with them at least half-time
- ❑ Nearly one in five employed parents is single; among employed single parents, 27 percent are men
- ❑ More than three out of four married employees have spouses or partners who are also employed; among full-time employees living in dual-earner households, 75 percent have partners who also work full time

²³ Stewart 20.

²⁴ Stewart 20.

²⁵ Reskin and Padavic 144.

²⁶ Reskin and Padavic 144-45.

²⁷ James T. Bond, Ellen Galinsky, and Jennifer E. Swanberg, *The 1997 National Study of the Changing Workforce* (New York, NY: Families and Work Institute, 1997) 5, 15.

- ❑ Only 49 percent of married male employees with children under age 18 had employed partners in 1977; 67 percent do today
- ❑ Around 25 percent of wage and salaried workers have provided elder care during the preceding year
- ❑ One in five employed parents has been part of the so-called “sandwich generation” who provide care to both children and elderly relatives
- ❑ The proportions of employed men and women with elder care responsibilities are virtually the same.

Time management can be difficult for anyone—female or male, married or not—who is juggling the responsibilities of employment and family care. Because historically women have been the primary caretakers of children and other dependents, a major problem for women is finding time for both paid work and housework.²⁸ Consequently, research suggests that women bear more of the stress associated with balancing the two arenas of work and family.

Housework. Research consistently shows that employed women do as much as twice the amount of housework as men. A study by Shelton, for example, found that women who were employed full time spent an estimated 33 hours a week on housework, compared with men’s 20.²⁹ Schor estimates that women average 65 hours a week in paid and unpaid work.^{30 31} Despite variations in estimates of housework hours across a number of studies reviewed by Robinson and Godbey,³² the ratio of women’s estimates to men’s is virtually constant. Not controlling for employment status, women estimate about twice as many hours as men devoted to household work. Robinson and Godbey’s own 1985 time diaries bear this out. Work in the paid labor force has also reduced the amount of time available to do housework, possibly intensifying the pace of work at home as well as increasing the stresses associated with it. One study found that for each hour a woman puts into her paid job, her housework efforts are reduced by half an hour.³³

Studies indicate that a more equitable or even division of family work between husbands and wives is associated with higher levels of marital satisfaction for women and that overburdened wives are less satisfied with their marital relationships. In contrast, husbands are more satisfied with their marriages and less critical of their wives if their wives do more than their fair share of family work.³⁴ But what constitutes fairness in the division of household work? Interestingly enough, according to one study, the two-to-one ratio of women’s housework time to men’s is perceived as fair by employed married women and men.³⁵

Wives’ employment status—that is, whether they are employed full time, part time, or not at all—has little effect on how much housework men do. However, men who are better educated or have a young child at home do slightly more than other men,³⁶ as do African-American and Hispanic men.³⁷ Some evidence indicates that men are doing more housework than they did 20 years ago. Bond, et al., report that over the past 20 years, mothers’ workday time on chores has decreased by 36 minutes per day while

²⁸ Barbara Reskin and Irene Padavic, *Women and Men at Work* (Thousand Oaks, CA: Pine Forge Press, 1994) 149.

²⁹ 1987 as cited in Reskin and Padavic 150

³⁰ 1991 as cited in Reskin and Padavic 150

³¹ John P. Robinson and Geoffrey Godbey, *Time for Life: The Surprising Ways Americans Use Their Time* (University Park, PA: Pennsylvania State University Press, 1997). The authors note a tendency for survey respondents to overestimate the amount of time they devote to housework.

³² Robinson and Godbey 100.

³³ Schor 1991 as cited in Reskin and Padavic 149

³⁴ Thompson and Walker 1991 as cited by Dana Dunn, *Workplace/Women’s Place: An Anthology* (Los Angeles, CA: Roxbury Publishing Company, 1997) 114.

³⁵ Mary Clare Lennon and Sarah Rosenfield, “Relative Fairness and the Division of Housework: The Importance of Options,” *American Journal of Sociology* 100 (1994): 506-531.

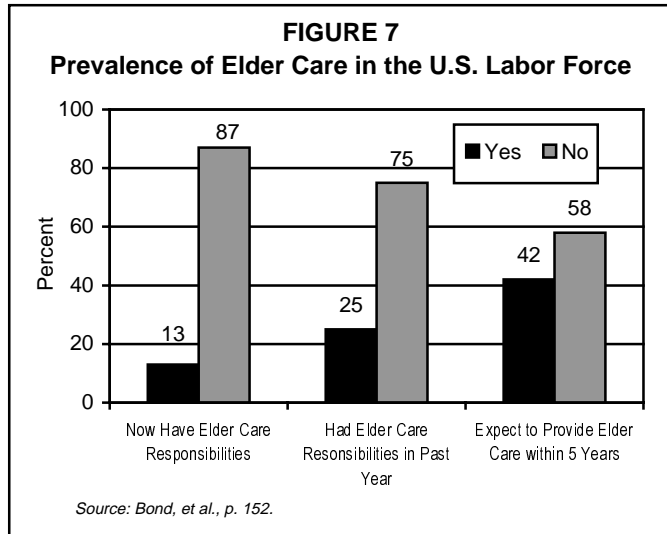
³⁶ Shelton 1992, Thompson and Walker 1991, both as cited in Reskin and Padavic 151.

³⁷ Shelton and John 1993 as cited in Reskin and Padavic 151.

men's time has increased by one hour.³⁸ However, despite this narrowing of the gap, employed married women still spend more time on chores than employed married men on both workdays and days off, whether or not they have children.

Dependent Care. Finding high-quality, affordable child care is one of the most significant issues facing employed parents today. And if this were not difficult enough, when one member of a dual-earner couple has to care for a sick child or attend to other needs of children when both are supposed to be at their jobs, the mother usually takes time off. In a recent study, 83 percent of employed mothers say they are more likely than their partners to take time off, compared with only 22 percent of fathers who make this claim.³⁹

Elder care poses another potential difficulty for employees given the high prevalence of these responsibilities among workers (see Figure 7). In American society, the bulk of care for aging persons is provided informally by female relatives.⁴⁰ According to one recent survey, "Women are slightly more likely (27 percent) to have had elder care responsibilities over the past year than men (23 percent)."⁴¹ As more women are employed, they are less available to care for aging relatives.



Work-Family Conflict. Increased work and family responsibilities have elevated the level of work-family conflict for women. Work-family conflict has been defined as the extent to which a person experiences incompatible demands due to role pressures in the work and family domains.⁴² The level of conflict between these domains is related to the quality of work life, quality of family life, and life satisfaction.⁴³ Given their traditional roles as caretakers, employed women report more interference from work in family life than do men.⁴⁴

Work schedules and travel affect family life, and, likewise, family responsibilities can influence work conditions.⁴⁵ Thus, the work and family domains interact, and conditions in one may spill over into the other. For instance, positive family relationships may buffer the negative effects of a poor work experience.⁴⁶ On the other hand, demanding work over which employees have little control can produce severe psychological stress. Similarly, demanding parenting responsibilities, especially those associated with young children and the necessity of ensuring their care, can produce intense stress.⁴⁷ Most employees, however, manage their personal lives so that relatively little stress transfers from home to work.

³⁸ Shelton and John 1993 as cited in Reskin and Padavic 6.

³⁹ Bond et al. 7.

⁴⁰ Aronson 1992 as cited in Dunn 114.

⁴¹ Bond et al. 152.

⁴² Eileen M. Brennan and John Poertner, "Balancing the Responsibilities of Work and Family Life: Results of the Family Caregiver Survey," *Journal of Emotional and Behavioral Disorders* Winter (1997): 240.

⁴³ Brennan and Poertner 240.

⁴⁴ Gutek, Searle, and Klepa 1991 as cited in Brennan and Poertner 240.

⁴⁵ Crouter 1984; Brennan, Rosenzweig, Koren, and Emlen 1992; Williams and Alliger 1994, all as cited in Brennan and Poertner 240.

⁴⁶ Barnett 1994 as cited in Brennan and Poertner 240.

⁴⁷ Brennan and Poertner 240.

According to a survey by the Families and Work Institute,⁴⁸ reported spillover from home to work is much less frequent than the reverse. Because families are social systems, the workplace stresses experienced by one family member affect other family members.⁴⁹

While recent data indicate that employers have become more responsive to employees' needs, the vast majority of American workers still struggle to balance employment and family responsibilities and may indeed experience work-family conflict. In the last couple of decades, a variety of alternative work arrangements has emerged at workplaces to alleviate work-family conflict experienced by employees, and in 1993 the federal government took a significant step by enacting the Family and Medical Leave Act. The next sections will explore some of these initiatives.

Employer Initiatives

Dependent Care Assistance. A decade ago, few employers provided assistance in caring for elderly dependents or children. In 1989, only 3 percent of full-time employees received any kind of help from employers in caring for elderly relatives.⁵⁰ The more recent Families and Work Institute survey indicates that 25 percent of the U.S. workforce has access to elder care and information referral services.⁵¹ Regarding child care, the U.S. Bureau of Labor Statistics estimated in 1987 that only 2 percent of businesses with 10 or more employees sponsored child-care centers; an additional 3 percent provided financial assistance for day-care services; and 6 percent offered help in the form of information, referral, or counseling services.⁵²

Since then circumstances have improved somewhat, but still only a minority of employees have access to dependent-care benefits provided by an employer. Eleven percent have access to on- or near-site child care; 13 percent can obtain financial assistance for purchasing child care; 20 percent have access to information and child care referral services; and 29 percent have access to dependent-care assistance plans.⁵³ Another survey reports that 85 percent of employers say that they offer assistance with child care, up from 64 percent in 1990.⁵⁴ However, in most cases, this assistance takes the form of a tax-sheltered flexible spending account for paying child care expenses (offered by 83 percent of employers) or a resource or referral service (offered by 36 percent of employers).⁵⁵

Alternative Work Arrangements. Several forms of alternative work arrangements have emerged at workplaces throughout the United States in response to the desire of employees to balance paid employment with family responsibilities. A 1989 survey of the nation's 519 largest firms found that part-time employment was most prevalent in that this work arrangement was available at 88 percent of the companies surveyed. Forty-nine percent of the companies offered flextime; 35 percent offered compressed work weeks; 21 percent offered job sharing; and 11 percent offered home-based work.⁵⁶

More recent findings from the Families and Work Institute survey of the U.S. workforce are that 45 percent of employees are able to choose—within limits—when they begin and end their workdays, but

⁴⁸ Bond et al. 12.

⁴⁹ Leslie B. Hammer, Elizabeth Allen, and Tenora D. Grigsby, "Work-Family Conflict in Dual-Earner Couples: within Individual and Crossover Effects of Work and Family," *Journal of Vocational Behavior* 50 (1997): 185-203.

⁵⁰ Hyland, 1990, as cited in Reskin and Padavic 153.

⁵¹ Bond et al. 9.

⁵² Thompson 1988 as cited in Rita Mae Kelly, "Sex-Role Spillover: Personal, Familial, and Organizational Roles," *Workplace/Women's Place: An Anthology*, ed. Dana Dunn (Los Angeles, CA: Roxbury Publishing Company, 1997) 153.

⁵³ Bond et al. 9.

⁵⁴ The survey was conducted by Hewitt Associates, a benefits consulting firm in Lincolnshire, Illinois, and reported by syndicated columnist Gary Klott, *Lexington Herald-Leader*, 29 Aug. 1998: B1.

⁵⁵ Hewitt Associates as reported by Klott.

⁵⁶ Kathleen Christensen, "Flexible Schedules in U.S. Businesses," *The Proceedings of the Second Annual Women's Policy Research Conference* (Washington, DC: Institute for Women's Policy Research, 1990) 206.

only one in four can change daily schedules as needed.⁵⁷ Two thirds of employees find it relatively easy to take time off during the workday to address family or personal matters. However, only 50 percent of employed parents are able to take a few days off from work to care for sick children without losing pay, forfeiting vacation time, or having to fabricate some excuse for missing work. Another 19 percent of employees spend at least part of their regular workweek working at home, while 7 percent say they would be permitted to do so if they wished.

Directly comparable data for Kentucky do not exist. However, a recent study was conducted of organizations in the Lexington area that participated in a two-year work-family initiative.⁵⁸ The organizations that participated in the work-family initiative are, by virtue of their participation, leaders in offering work-family benefits. Thus, these data do not reflect trends among all employers in Lexington, but these organizations' work-family programs are possible models for other employers to consider. The study discovered the following:

- ❑ Large organizations in the public sector provide more work-family benefits than do smaller or private sector businesses.
- ❑ Flexible work arrangements and leave time are most prevalent (offered by 75 percent to 92 percent of employers) while child care benefits are least prevalent (less than 20 percent of employers).
- ❑ Though they are not frequent users of these benefits, most employees report that it is important to them that their employers offer work-family benefits.
- ❑ Flexible work arrangements correlate with employee well-being.

To familiarize the reader with the range of alternative work arrangements that are becoming increasingly popular in workplaces across the United States, brief explanations of each follow, with some attention to advantages and disadvantages.

Flextime. Employers who offer the option of flextime permit employees to start and end their work at flexible times within certain hours. Usually, all employees are required to be on site for certain core hours, say 10:00 a.m. to 2:00 p.m. Flextime permits parents to adjust their work schedule to the schedules of children or other family members and also allows employees to adjust their commute times to avoid rush hour. Curiously enough, studies indicate that single women use flextime more than parents. Flextime is generally considered inappropriate for supervisors and managers.

Compressed Work Weeks. Employers who use compressed weeks usually require 40 hours of work in four days instead of the normative five days. This arrangement permits employees an additional day off each week for personal or family matters. However 10-hour workdays can be fatiguing and require special child care arrangements.

Part-time Work. The forms of part-time work described here are what have been called negotiated forms elsewhere.⁵⁹ They are negotiated in the sense that employees negotiate with employers, sometimes on an individual basis, to make part-time work arrangements that do not threaten career advancement or job security. These arrangements are commonly made by employees in jobs with relatively high status, such as attorneys and teachers. Some law firms, for example, permit attorneys to become partners in the firm and work part-time. Some companies, schools, and government agencies permit job sharing in which two or more employees divide the time commitment of a single full-time job. These negotiated forms of part-time employment differ from what have been called conventional forms of part-time work,⁶⁰ the types of part-time jobs that are common in service industries and retail trade. Conventional part-time jobs tend to be marginal jobs in the sense that they are often dead-end and low-paying. Part-

⁵⁷ Bond et al. 10.

⁵⁸ Mary Secret and Earlene Huckleberry, "A Study of the Availability, Use, and Effects of Family-Oriented Workplace Policies and Benefits in One Community," Paper presented at the Fifth Women's Policy Research Conference, Washington, DC, 1998.

⁵⁹ Cynthia Negrey, *Gender, Time, and Reduced Work* (Albany, NY: State University of New York Press, 1993).

⁶⁰ Negrey.

time work of all sorts, that is employment less than 35 hours per week, is commonly a female pursuit. Women comprise about two thirds of all part-time workers, although not all women who work part time do so by choice.⁶¹ Wives represent the majority (56 percent) of women who work part time, followed by single, never-married women (30 percent), divorced women (6 percent), widowed women (5 percent), and separated women (3 percent).⁶² Of all women in the labor force in 1988, 24 percent worked part time, and 70 percent worked full time (the remainder were unemployed). This compares with 85 percent of men in the labor force who were employed full time, 10 percent who were employed part time, and 5 percent who were unemployed.⁶³ ⁶⁴ Part-time employees are more likely to believe they could switch to full time in their current jobs, if they wanted to, than full-time workers are to believe they could switch to part time in their current positions.⁶⁵

Homework. The form of homework described here is not the traditional piecework of the textile and garment trades but the modern, high-tech form known as telecommuting. Telecommuting has become increasingly common, facilitated, of course, by new electronic technologies. Telecommuters can combine child care, family care, and paid work by doing paid work in the home. Home-based work, however, isolates the worker and is work without boundaries. The home worker may find that she feels she works constantly because her paid work becomes fragmented around the interruptions associated with family care.

Each October *Working Mother* publishes the results of its annual survey, "The 100 Best Companies for Working Mothers." Flextime is nearly universal among the *Working Mother* 100, and other alternative work arrangements are becoming increasingly common among the companies on the roster. In addition to alternative work arrangements, increasingly these companies are opening on-site and near-site child care centers or offering dependent care subsidies to employees. Some of the companies also offer long paid maternity leaves, such as 14 weeks at J.P. Morgan and 13 weeks at Merrill Lynch. Thirty-two companies on the *Working Mother* 100 list offer paid leaves for new fathers and adoptive parents.⁶⁶

Public Policy: The Family and Medical Leave Act of 1993

On February 5, 1993, the Family and Medical Leave Act (FMLA) became law. The FMLA requires businesses with 50 or more employees to provide 12 weeks a year of unpaid leave for birth, adoption, foster care, or personal or family illness. Employers must also continue to provide health care coverage during leaves and restore employees to their jobs or equivalent positions on their return. Furthermore, employers must post notices of the act's requirements and keep records regarding their compliance with its provisions.

While FMLA's enactment was momentous for workers in the United States, its mandate is modest compared with similar legislation in a number of other nations, and its passage lagged behind theirs as well. Until passage of the FMLA, the United States was the only country out of 118 surveyed by the International Labor Organization that had no national laws mandating parental leave. Most other major industrialized countries mandate paid maternity leave, offer more than the 12 weeks accorded U.S. mothers, and include all employers, not just those employing 50 or more workers. (Note: President

⁶¹ Negrey 42-43; U.S. Department of Labor, Women's Bureau, *Handbook on Women Workers: Trends and Issues* (Washington, DC: Government Printing Office, 1993) 8.

⁶² U.S. Department of Labor 8.

⁶³ U.S. Department of Labor 54-55.

⁶⁴ Those who are unemployed are considered in the labor force because, although without a job, they are actively seeking work. Those without a job who are not actively seeking work are considered "not in the labor force." Therefore, the unemployment rate measures only those persons without jobs who are actively seeking jobs, not all persons without a job.

⁶⁵ Bond et al. 10.

⁶⁶ Milton Moskowitz, "Twelfth Annual Survey: 100 Best Companies for Working Mothers," *Working Mother Magazine* Oct. 1997: 18.

Clinton has proposed extending the FMLA to employees of smaller firms.) A review of parental leave policies in 16 European countries and Canada, for example, found that those countries mandate an average of 68 weeks of leave, of which 33 weeks were paid. Sweden offers 18 months of parental leave to share between the two parents at 90 percent of full-time pay. All employees, even those who do not qualify for benefits, can take 18 months of unpaid leave. Augmenting these unpaid benefits is the availability of 60 days of leave a year at 80 percent pay to care for a sick child and 120 days for two or more children, and two paid days a year to visit a child's school or child-care center. Parents also can reduce working hours from eight to six hours a day or from a five-day week to a four-day work week with a prorated salary until a child is age eight.⁶⁷ In 1974, when parenting leave was first introduced in Sweden, only 3 percent of fathers took advantage of it. But by 1990, 26 percent of those drawing this benefit were fathers.⁶⁸

When Congress passed the FMLA, it gave affected employers six months to comply with its provisions. Yet studies of employer responses to the FMLA have found inconsistent implementation, with one third to one half of employers out of compliance with one or more of the Act's major requirements. The most representative study of private-sector employers' experiences with family leave policies since passage of the FMLA was conducted by Westat, Inc., for the bipartisan Commission on Family and Medical Leave, which had been authorized by Congress under Title III of the FMLA to conduct a comprehensive examination of family and medical leave policies and their effects. The Employer Survey involved telephone interviews with a person identified as most likely to be informed about family and medical leave policies in a stratified random sample of 1,206 private workplaces throughout the United States. The survey, conducted in June and July 1995, had a response rate of 73 percent.

The survey found that two thirds of employers were complying with FMLA requirements. Moreover, the commission's survey of employees who had taken leaves since passage of the FMLA found that 9 percent had some benefits discontinued during their leaves, one third of which were health benefits. Further, 22 percent of leave-takers expressed concern that their leaves could cause them to lose their jobs, and 14 percent were worried about losing seniority. Thus, although employer compliance with family leave laws has apparently grown steadily since the FMLA went into effect in August 1993, one third of private employers remained out of compliance as recently as mid-1995, and many employees remained fearful of the potential repercussions of taking leave.⁶⁹

Research suggests that use of family leave by employees remains low, even when legally mandated. Some employers may not be making family and medical leave available because of concerns about costs or may not be informing employees of their rights. A nationwide study by the Bureau of National Affairs, for example, found that more than one half of all Americans knew little or nothing about the FMLA. Similarly, the Families and Work Institute found that only 54 percent of working mothers were aware of state parental leave laws.⁷⁰

Even when leaves are available and rights to leaves are openly communicated, most employees apparently do not take them. The greatest barrier to taking leave is that it is usually unpaid. Only a small percentage of families can afford to give up an income for 12 weeks. A survey by the organization of clerical workers, 9-to-5, found that 19 percent of new mothers returned to work within six weeks of giving birth because they could not afford any more unpaid leave. The Commission on Leave's employee survey found that, of those who did not take any leave even though they met the FMLA eligibility requirements and had a qualifying FMLA condition, 64 percent cited financial constraints as the reason for not requesting a leave. Workers who did not take leaves to which they were entitled were most likely to be African-American, paid hourly (i.e., nonsalaried), have one or more children, earn a low income,

⁶⁷ Andrew E. Scharlach and Blanche Grosswald, "The Family and Medical Leave Act of 1993," *Social Service Review* Sept. 1997: 337.

⁶⁸ Sylvia Ann Hewlett and Cornel West, *The War Against Parents* (Boston: Houghton Mifflin, 1998) 234.

⁶⁹ Scharlach and Grosswald 338-339.

⁷⁰ Scharlach and Grosswald 348.

or have some college education but no college degree. Low-income families have the fewest resources, so it is not surprising that women in lower paying jobs take the shortest amount of leave.⁷¹

Perhaps because few employees are exercising their legal right to leave, leaves have not had a substantial effect on employer costs or workplace functioning. The Commission on Leave's Employer Survey, for example, found that only about 5 percent of employers surveyed reported more than minimal hiring or training costs associated with implementing the FMLA, 10 percent reported more than minimal administrative expenses, and 10 percent reported more than minimal costs associated with continuing benefits during leaves. Changes in productivity levels attributable to the FMLA were reported by 14 percent of employers surveyed, changes in profits by 7 percent, and changes in growth by 4 percent. Employers with more than 250 employees reported greater costs than did those with fewer workers, probably because a greater number of leaves occurred. Only 1 percent of employers reduced benefits to offset FMLA costs. Instead, employers were most likely to deal with the assigned work of leave-takers by distributing it among coworkers.⁷²

Expanding the Vision

Results of a recent national poll reported by Hewlett and West (1998) in their book, *The War Against Parents*, indicates that parents desire policies that deal directly with the "parental time famine." They would like government and employers to be much more imaginative in creating flexible work arrangements. Their survey findings included:

- ❑ 90 percent of the parents polled—both fathers and mothers—want access to compressed work weeks, flextime, job sharing, and benefits for part-time work.
- ❑ 87 percent favor a law guaranteeing three days of paid leave annually for child-related responsibilities such as attending a parent-teacher conference or taking a child to the dentist.
- ❑ 79 percent favor legislation allowing workers to take time off instead of extra pay for overtime.
- ❑ 71 percent favor the option of trading two weeks' pay for an extra two weeks of vacation time per year.
- ❑ 76 percent favor legislation requiring companies to offer up to 12 weeks of paid, job-protected parenting leave following childbirth or adoption.
- ❑ 72 percent advocated lengthening the school day and school year so children's schedules would better match parents' work schedules.

Without doubt, we face a parenting crisis in the United States. Admittedly, not all difficulties parents face result from a time famine produced by inflexible work schedules. But to the extent that employment is a major contributor to this time famine, the world of work must change for the overall benefit of society. While lengthening the school day or school year are quick fixes and while more available and affordable child care would fill in the gaps, the fact remains that many parents prefer to care for their own children and desire more time to spend with their families. More time off from work for families would not only benefit parents but also childless couples who wish for more time to nurture their relationships and single people who wish for more time to cultivate relationships.

The crisis of care extends beyond parenting to the care of the aged. Sometimes older persons need skilled care that relatives simply cannot provide and, therefore, care provided by the trained staff of a nursing home is the only option. But barring such circumstances, many adult children prefer to look after their own aging relatives. Yet with today's smaller families and the prevalence of single-parent and dual-earner couples, the pool of able-bodied, nonemployed adults available to provide elder care is shrinking

⁷¹ Scharlach and Grosswald 348.

⁷² Scharlach and Grosswald 342.

just as demand for care is rising.⁷³ And, increasingly, family members are separated geographically. Employers and government need to think more creatively about flexible work arrangements so employees are not forced to choose between their jobs and their aging kin. In the end, it is, as Hewlett and West⁷⁴ have said, a matter of reweaving the web of community and care.

The expansion of the availability and use of alternative work arrangements must be approached with caution, however, so as to avoid ratification of the segmentation of opportunity between the sexes.⁷⁵ Currently, alternative work arrangements tend to be used by women more than men. All who use them risk compromising career mobility and being marginalized at their workplaces. Legitimization of alternative work arrangements will be necessary if relatively equal numbers of women and men are to choose them and no one is to be penalized for doing so. Such legitimization would require breaking the symbolic link between full-time work and job commitment and questioning the linear and time-devouring employment model. Consideration must be given to providing prorated wages and benefits for part-time work, more freedom to move between full-time and flexible or reduced work-time options, greater employee control of work schedules, and promotion ladders that do not discriminate against those who do not work full time all the time. Further, gender pay equity is an absolutely necessary prerequisite if men and women are to have genuine freedom of choice regarding flexible employment options. What ultimately will be required is a profound transformation of values, so that both women and men can experience work and family commitments, not as stressful contradictions but as mutually enriching opportunities.

Clearly, the widespread adoption of a new ethic, one that values workplace productivity or outcomes rather than time on the job and one that recognizes the need to integrate work and family life, would permit more time for family and community activities. The rewards of productivity increases which have been strongly associated with model, "family friendly" workplace practices could be passed along to employees in the form of more time off, in some cases, in lieu of higher wages. Interestingly, nonsupervisory production workers in the United States already, on average, work less than the 40 hours we customarily think of as full-time employment. For data collection purposes, the federal government defines full-time work as 35 hours or more per week. Applying the latter definition, the average work week among production workers has been less than 35 hours since February 1986, dropping to a low of 33.9 hours in January 1996, and jumping up to 34.6 hours as of March 1998 (<http://146.142.424/cgi-bin/surveymost>). Many managers and professionals work far more than 35 hours per week, and part-time workers often work considerably less. A gradual redistribution of work time across the labor force so the overworked work less and the underemployed work more could be an important first step toward creating a new ethic, one that values family and community as much as time on the job.

In any event, female labor force participation will not likely decline. Likewise, the pressure for institutionalized responses to the challenges families face is unlikely to abate. Ultimately, government and workplace policies that enable the reduction of work-family conflict will expand our capacity as a society to nurture the life passages of children and elders, enable more women—and men—to contribute to the greater good, and enrich society as a whole.

⁷³ Bond et al.

⁷⁴ Hewlett and West.

⁷⁵ Carmen Sirianni and Cynthia Negrey, "Working Time as Gendered Time," unpublished manuscript, 1998.

The Gender Wage Gap in Kentucky, 1968-1997

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Using data from the Current Population Survey, the authors illuminate state trends in the wage gap that has historically separated the earnings of men and women and compare them to well-documented national trends. While the “raw” gender wage gap has improved only slightly in Kentucky over the past 30 years and remains wider than the national gap, the authors find that, given demographic circumstances, women’s earnings in Kentucky have grown faster than they have nationally.

Nationwide the wages of women have been catching up to those of men over the last 20 years. In a survey of the immense literature on gender wage differentials, Blau and Kahn⁷⁶ report that the ratio of women’s pay to men’s pay was about .60 for about two decades prior to the late 1970s and then began to increase. For example, the female-male ratio of the median earnings of full-time wage and salary workers was .62 in 1970, .63 in 1980, and had increased to .75 by 1996.^{77 78} These gains do not account for factors such as experience, schooling, occupation, or industry.

The gains in women’s wages are particularly impressive when compared with other changes in the structure of wages that have taken place in the last two decades. Most important have been stagnant average real wages, increasing inequality in the income distribution, and the resulting unfavorable changes that have occurred for lower wage groups. Real average hourly earnings in the United States fell 4.5 percent from 1980 to 1996.⁷⁹ According to Juhn, Murphy, and Pierce,⁸⁰ the wages of workers at the 10th percentile of the wage distribution fell by 40 percent relative to the wages of workers at the 90th percentile from 1970 to 1989. Between 1980 and 1996 the black-white earnings ratio for full-time workers fell from .80 to .76.^{81 82} Finally, the earnings of high school graduates fell relative to college graduates by 25 percent between 1980 and 1996.⁸³ Yet, in the face of all of these other declines, the earnings of women have been rising significantly relative to the earnings of men over the last two decades. Blau and Kahn⁸⁴ have coined the phrase “swimming upstream” to describe the gains experienced by women in the face of rising wage inequality,

⁷⁶ Francine D. Blau and Lawrence M. Kahn, “Swimming Upstream: Trends in the Gender Wage Differential in 1980s,” *Journal of Labor Economics*, 15 (1:1), Jan. 1997: 1-42.

⁷⁷ U.S. Bureau of the Census, *Statistical Abstract of the United States*, Department of Commerce (Washington, DC: Government Printing Office, 1982).

⁷⁸ U.S. Bureau of the Census, *Statistical Abstract of the United States*, Department of Commerce (Washington, DC: Government Printing Office, 1997).

⁷⁹ U.S. Bureau of the Census, *Statistical Abstract*, 1997.

⁸⁰ Chinhui Juhn, Kevin M. Murphy and Brooks Pierce, “Wage Inequality and the Rise in the Returns to Skill,” *Journal of Political Economy* 101, 1993: 410-42.

⁸¹ U.S. Bureau of the Census, *Statistical Abstract*, 1982.

⁸² U.S. Bureau of the Census, *Statistical Abstract*, 1997.

⁸³ Mark C. Berger, “Education and Earnings in Kentucky, 1964-1996” in *The Kentucky Annual Economic Report 1998* (Lexington, KY: University of Kentucky Center for Business and Economic Research, 1998): 19-24.

⁸⁴ Blau and Kahn, 1997.

stagnant real wages, and falling relative positions of some lower wage groups. After examining all of the evidence, Blau concludes, “. . . for virtually all age and education groups, [there is] substantial evidence of rising gender equality in labor market outcomes.”⁸⁵

While much is known about the progress of women at the national level, very little has been available until now about trends in the gender wage gap in Kentucky. Berger reports that the gender wage gap in Kentucky fell from 25 percent in 1988 to 17 percent in 1994.⁸⁶ However, it is necessary to examine the record over a longer time period to determine the extent of progress in Kentucky. Given the recent availability of compilations of the Current Population Survey data on individual workers from 1968-97, it is now possible to put together a 30-year history of gender wage differences in Kentucky and compare them to the national experience.

Here, we ask two related questions: Have the experiences of Kentucky women been similar to those of women around the country? And what have been the primary determinants of the gender gap? Some may argue that the experience of women in Kentucky should have been similar to that of other women in the rest of the United States. Reductions in discrimination, increases in the education of women, and the entry of women to higher paying occupations are likely to have occurred in Kentucky just as they have elsewhere. On the other hand, if discrimination is more persistent in Kentucky, or if women are more likely to be in lower paying occupations and industries here, then the gains will have been less than observed elsewhere. This paper provides the first comprehensive look at gender wage differences in Kentucky over the last 30 years. This is an important contribution because the economic well-being of women may be considered paramount among all measures of socioeconomic progress—other gains are typically the concomitants of economic progress and cannot occur in isolation. Our examination of the past record will also help us to understand better future changes in labor market outcomes of women relative to men. Additionally, through the systematic analysis of the available data, we seek to dispel myths about the gender wage gap in Kentucky and the United States. The gender debate has typically relied on anecdotal or, at best, limited survey data for support. We draw on a new data set using information from the Current Population Survey (CPS) and analyze it using regression techniques. This approach provides a more objective and reliable picture of the gender wage gap.

Our analysis proceeds as follows: In the next section we describe our data and follow that with discussions of our methodology, our results, and, finally, our concluding comments.

Data and Descriptive Statistics

For the purpose of this analysis we use data from the March Supplement of the Current Population Survey from 1968 to 1997. The CPS is a monthly survey of almost 60,000 households in almost 700 different geographic areas and is the source of the United States government's unemployment statistics. Respondents to the CPS are included in the survey for four months, excluded for eight months, and then included again for four months. The March surveys are of particular interest because a number of important questions on demographics, schooling, earnings, income, hours and weeks worked, and major activity last week are asked of respondents. By using data from multiple March surveys conducted from 1968-97, we are able to construct a large data series that can be used to study a variety of previously unanswered questions.

We exclude from our sample all respondents who classified themselves as being self-employed, or farm workers, as well as those workers with imputed wages. Additionally, we restrict our analysis to workers between the ages of 18 and 62. These restrictions are designed to exclude those respondents who might still be in school as well as those workers who have retired. To construct our

⁸⁵ Francine D. Blau, “Trends in the Well-Being of American Women, 1970-1995,” *Journal of Economic Literature* 36 (1), March 1998: 112-65.

⁸⁶ Mark C. Berger, “The Earnings of Kentucky Workers, 1988-1994,” in *The Kentucky Annual Economic Report 1996* (Lexington, KY: University of Kentucky Center for Business and Economic Research, 1996): 47-52.

dependent variable of hourly wages, we used a respondent's total earnings from all wage and salary jobs last year, and divided by the product of weeks worked last year and hours worked last week. This procedure yielded on average an average sample size of 50,000-55,000 for the United States. Of these, approximately 500-700 constituted the Kentucky sample.

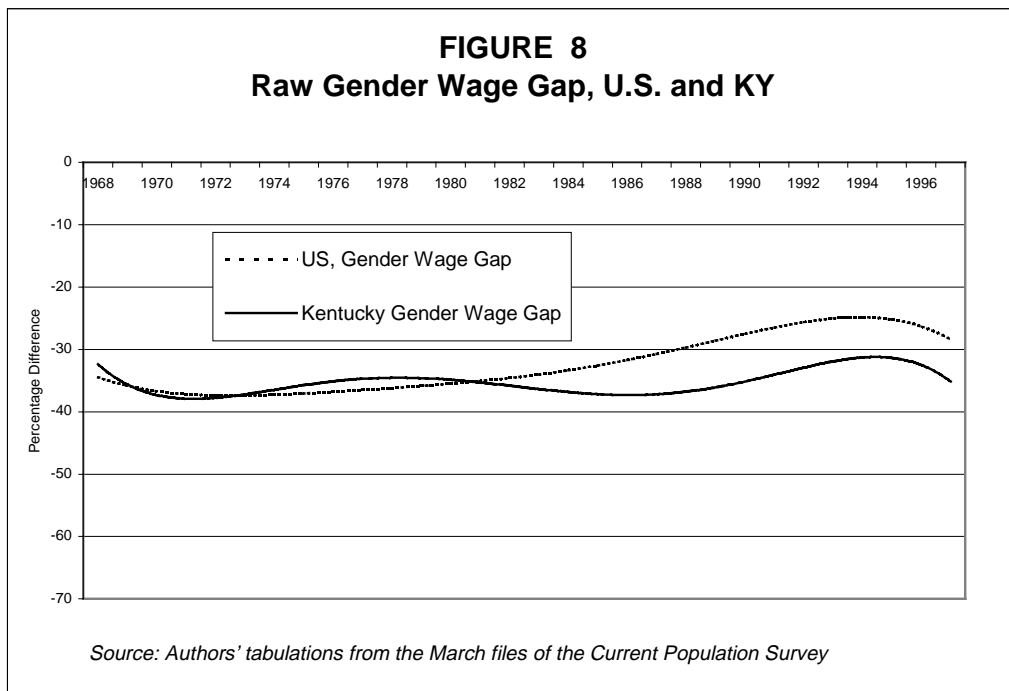
The average hourly earnings of men and women in selected years appear in Table 2. In 1968, the average hourly earnings of men in Kentucky was \$3.18 while women earned \$2.14. Average hourly earnings in Kentucky were below the U.S. averages of \$3.61 for men and \$2.37 for women. Similar patterns existed in 1978 and 1988. Between 1978 and 1996 the female-male wage ratio increased considerably at the national level and somewhat less in Kentucky, so that in 1996 Kentucky women earned 67 percent as much as men, up from 63 percent, while nationally women earned 72 percent of the average hourly wage of men, up from 64 percent. Table 2 also shows trends in the wages of men and women in constant 1996 dollars. The real wages of men and women in both Kentucky and the rest of the United States were fairly stagnant between 1968 and 1988, before increasing between 1988 and 1996.

TABLE 2
Average Hourly Earnings in Kentucky and the U.S.

	Current Dollars				Constant (1996) Dollars				Female/Male Ratio	
	Kentucky		U.S.		Kentucky		U.S.		Kentucky	U.S.
	Women	Men	Women	Men	Women	Men	Women	Men		
1968	2.14	3.18	2.37	3.61	9.63	14.32	10.67	16.26	.673	.657
1978	3.96	6.29	4.41	6.90	9.52	15.12	10.60	16.59	.630	.639
1988	6.88	10.49	8.70	12.39	9.12	13.91	11.54	16.43	.656	.702
1996	13.56	20.26	14.31	19.95	13.56	20.26	14.31	19.95	.669	.717

Source: Authors' tabulations from the March files of the Current Population Survey. Nominal hourly wages are deflated to constant 1996 dollars using the CPI-U.

The full 30-year history of the female-male wage gap in Kentucky and the United States is shown in Figure 8. For each year from 1968 to 1997, the percentage wage difference between the average hourly earnings of men and women is shown.⁸⁷ From 1968 to 1980 in both Kentucky and the United States, the hourly earnings of women were approximately 35 percent less than those of men. The gap for the United States then declined over time to 25 percent in 1995 before widening slightly in 1996 and 1997. In Kentucky, the gap did not begin narrowing until the mid-1980s. The narrowing was much more modest and then the gap reverted to approximately 35 percent by the end of the sample period.



Methodology

The results shown in Table 2 and Figure 8 are simple averages and do not control for other factors that might influence wages. For example, women may have less schooling or experience than men, and thus have lower wages. It is important to take into account these and other factors before making any meaningful comparisons in the wages of men and women. In this section, we describe the use of regression analysis as a means to hold constant other factors that may influence wages before measuring the male-female earnings differences.⁸⁸

In our regression analysis, we take into account a number of variables including gender. The procedure then provides estimates of the partial effects of each variable in the model, holding constant the effects of all of the other variables. For example, the estimated effect of gender

⁸⁷ In order to smooth out year-to-year sampling variation in the estimates, the trends shown in Figures 8-10 are fit to the actual data using a fifth degree polynomial.

⁸⁸ Regression analysis is a statistical technique that enables a researcher to understand the effect of one variable, say schooling or experience, on the dependent variable, hourly wages, while holding the effect of other confounding factors constant. We use a regression technique called Generalized Least Squares (GLS) for our statistical analysis.

provides the female-male difference in hourly earnings, holding constant other variables that are hypothesized to affect hourly earnings.⁸⁹

We include a number of variables in our regression models of wages in Kentucky and the United States. We include variables measuring the amount of formal schooling of a worker, specifically whether the worker is a high school dropout, high school graduate, has some college, has a bachelor's degree or has a graduate or professional degree. We measure potential job experience using the relationship: (potential experience = age - years of schooling - 6) and include it in the earnings equation.⁹⁰ The schooling and experience variables control for differences in human capital investments across workers.^{91 92}

We also include a number of demographic variables as determinants of wages. We include the race of the worker (white, black, other) in the model to control for potential race discrimination in wages.^{93 94} Marital status and number of children are included in the model to account for the "marriage premium" in earnings^{95 96} and differences in earnings due to family responsibilities.⁹⁷ Finally, we include a gender variable to measure the female-male wage difference after accounting for other variables.

Our basic regression model specifies wages as a function of schooling, experience, and demographic variables. However, the occupations and industries in which women and men work are likely to be different and contribute to wage differences. To control for occupational and industry differences in wages we include a series of occupation and industry variables in our expanded model.⁹⁸ The inclusion of the occupation and industry variables enables us to determine how much of the gender wage difference can be attributed to differences in the jobs held by men and women and differences in the industries in which they work.

The estimated gender difference in earnings in the expanded model is then due to factors other than schooling, experience, demographic factors, industry, and occupation. This estimated effect may be due to factors not included in the model such as quality of schooling and experience or differences in the types of jobs within occupation categories and industries. The estimated gender difference may reflect in part discrimination in wages against women. It may also reflect in part choices made by women about job attributes such as schedule flexibility and proximity to home or schools that may limit their opportunities and thus adversely affect their wages.

⁸⁹ We measure hourly earnings in logarithmic terms in our analysis. Hundreds of wage studies have found that this semi-logarithmic specification of earnings provides a better statistical fit of the data. The logarithmic specification has the added advantage of providing a more direct conversion to percentage differences in earnings comparable to those shown in Figure 8.

⁹⁰ We include a quartic in potential experience in the models, i.e. experience, experience squared, experience cubed, and experience to the fourth power.

⁹¹ Gary S. Becker, *Human Capital: A Theoretical and Empirical Analysis, with Special Reference to Education* (New York, NY: Columbia University Press, 1964).

⁹² Jacob Mincer, *Schooling, Experience, Earnings* (New York: Columbia University Press, 1974).

⁹³ James P. Smith and Finis Welch, "Black Economic Progress after Myrdal," *Journal of Economic Literature* 27 (1989): 519-64.

⁹⁴ John H. Donohue and James J. Heckman, "Continuous versus Episodic Change: The Impact of the Civil Rights Policy on the Economic Status of Blacks," *Journal of Economic Literature* 29 (1991): 1603-43.

⁹⁵ Sander Korenman and David Neumark, "Does Marriage Really Make Men More Productive?" *Journal of Human Resources* 26.2 (1991): 283-307.

⁹⁶ Sander Korenman and David Neumark, "Marriage, Motherhood, and Wages," *Journal of Human Resources* 27.2 (1992): 233-55.

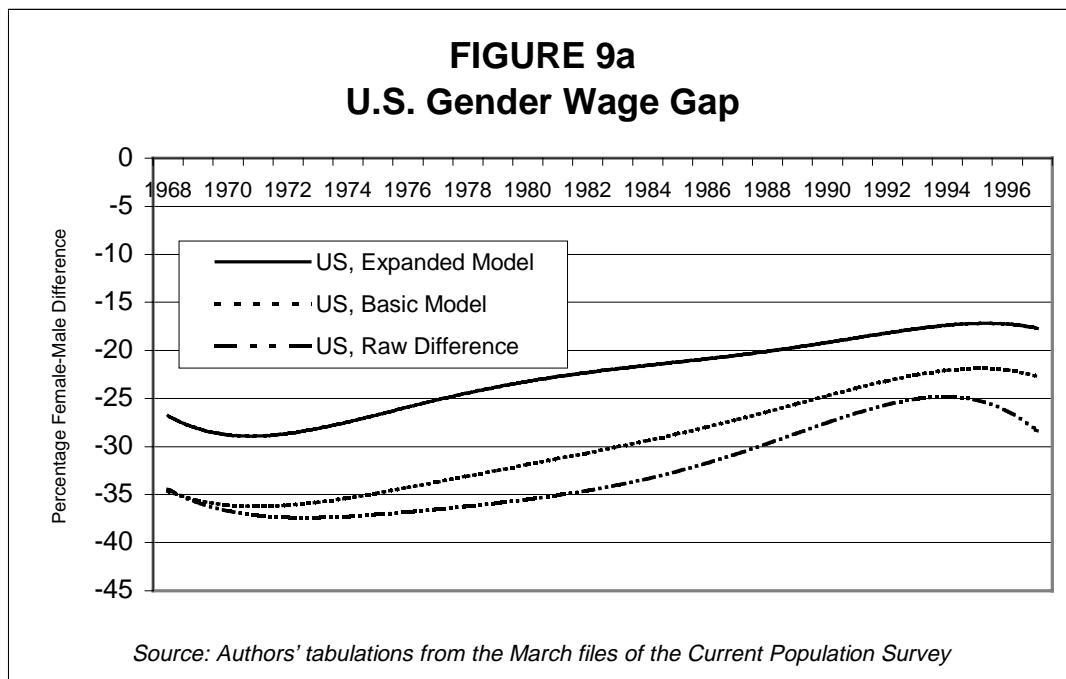
⁹⁷ Gary S. Becker, "Human Capital, Effort, and the Sexual Division of Labor," *Journal of Labor Economics* 3 (1985): S33-58.

⁹⁸ We include 47 variables measuring Census industry classifications and 52 variables measuring Census occupation classifications in our 1997 models. The exact number of industry and occupation variables varies slightly from year to year as the number of industry and occupation categories changes.

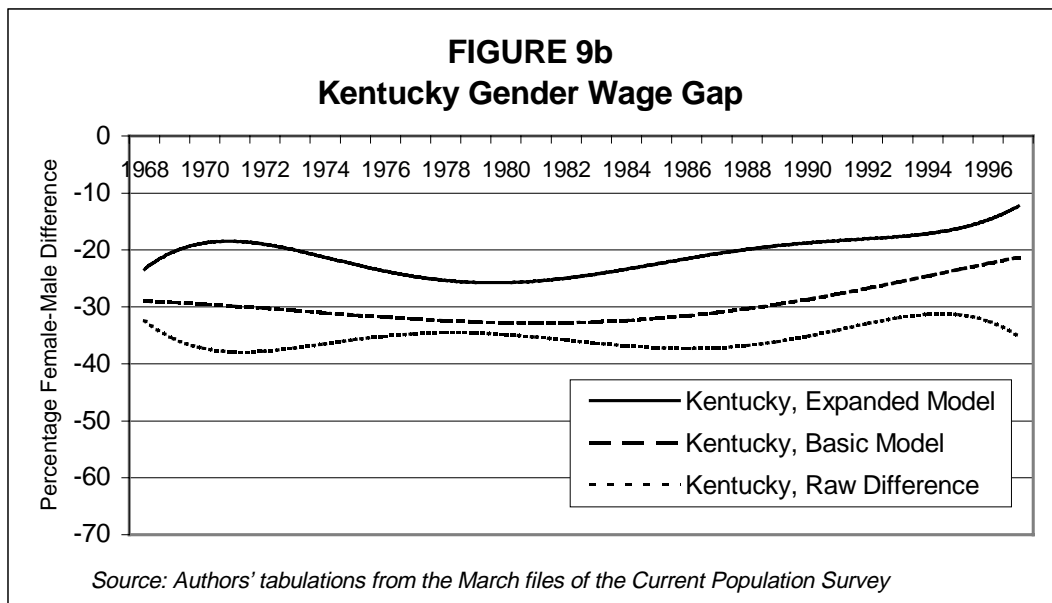
Results

The estimated gender differences from our regression models are summarized in Figures 9a, 9b, 10a, and 10b. Figures 9a and 9b each show three sets of estimated gender earnings differences from 1968 to 1996. Each figure contains three curves. The first shows the trend in the “raw” or unadjusted gender percentage earnings difference. The second shows the effect of controlling for schooling, experience, and demographics. The final curve shows the effect of controlling for schooling, experience, demographics, occupation, and industry. Figure 9a shows the three trends for the United States and Figure 9b gives the same trends for Kentucky.

Figure 9a illustrates the narrowing of the gender earnings differential nationally, both before and after controlling for other variables that may affect wages. The differential is at its widest before controlling for schooling, experience, demographics, and industry. The use of the basic regression model narrows the gender differential somewhat, and the use of the expanded model narrows the estimated differential even more. Thus, it appears that, in general, differences in occupation and industry between men and women account for a bigger share of the raw gender earnings differential than do differences in schooling, experience, and demographics.



What accounts for the narrowing gender earnings differential at the national level? One explanation for the narrowing gender earnings differential is that labor market discrimination against women has diminished. Another possibility is that women are making voluntary career choices that lead to higher wages, such as accepting less flexibility and staying in the labor force rather than dropping out temporarily when having children. The literature has emphasized a number of factors in explaining the narrowing difference between the earnings of women and men. O'Neill and Polachek⁹⁹ point to a convergence in the amount of schooling and work experience of women and men and the declining pay in blue collar jobs (combined with the fact that women are less likely to be in blue collar jobs) as important factors in explaining the narrowing gender wage differential. Blau and Kahn¹⁰⁰ argue that important factors are improvements in the experience levels of women, women's entry into higher paying occupations, a decline in the "unexplained" portion of the pay gap, and the fact that the decline in unionization has hurt men more than women. We control for some of these factors in our basic and expanded regression models, and the upward trend in women's earnings still remains. However, we do not control for unionization, and we have a potential rather than actual experience measure. These factors may in part explain part of the narrowing of the gender earnings differential. The rest is due to a decline in the "unexplained" portion, which reflects either a decline in discrimination or changes in career-related decisions of women.



What is the gender gap in Kentucky? Figure 9b shows the estimated gender wage gaps for Kentucky. As with the United States, the raw or unadjusted wage gap is the widest. And except for later in the time period, differences in industry and occupation appear to explain more of the pay gap than differences in schooling, experience, and demographics. While the raw differential shows much smaller changes over time, the adjusted differentials from the basic and expanded models show clear upward trends since 1980. Thus, after holding constant factors such as schooling, experience, demographics, occupation, and industry, the earnings of women are clearly catching up to those of men in Kentucky. Therefore, for women in given schooling or occupation groups, the

⁹⁹ June O'Neill and Solomon Polachek, "Why the Gender Gap Narrowed in the 1980s," *Journal of Labor Economics* 11 (1993): 205-28.

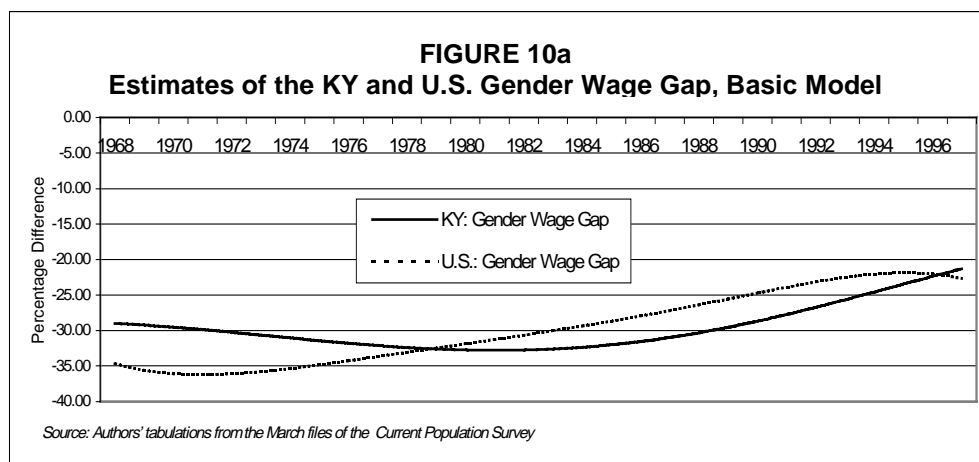
¹⁰⁰ Blau and Kahn.

gender wage differential in Kentucky has been narrowing, even though the raw change in the earnings gap has been very modest.

One factor working against large changes in the raw earnings gap in Kentucky has been the change in the labor force participation rate of women versus men. In general, an increase in the supply of workers puts downward pressure on their wages. And while in Kentucky the labor force participation rate of women has been increasing faster than the national average, the labor force participation rate of men has actually been *decreasing* faster than the national average in Kentucky. For example, between 1989 and 1996, the labor force participation rate of women in Kentucky increased 3.5 percent (from 52.7 percent to 56.1 percent), while nationwide the increase was only 1.9 percent (from 57.4 percent to 59.3 percent).^{101 102} At the same time, the labor force participation rate of men in Kentucky decreased 3.8 percent (from 73.4 percent to 69.6 percent), compared with a nationwide decrease of 2.5 percent (from 76.4 percent to 74.9 percent).^{103 104} Thus, both the increase in the supply of women and the decrease in the supply of men have been twice as big in Kentucky as in the United States. These labor supply changes have been putting more downward pressure on the wages of women in Kentucky than in the rest of the country at the same time that they are putting more upward pressure on the wages of men in Kentucky than in the rest of the country. The net effect is that the female-male wage gap has narrowed more slowly in Kentucky.

Another factor affecting the wage gap could be the types of workers that are coming into the labor market. If the increased female labor force participation is mostly among women earning low wages, then this puts additional downward pressure on their average wages. While our regression models control for some correlates of skill such as schooling and occupation, it may not capture other components of skill level.

Figure 10a compares the estimated gender gap over time in Kentucky and the rest of the nation using the basic model, while Figure 10b shows the same comparison using the expanded model. The estimated gender wage differential from the basic model in Kentucky hovered around 30 percent for most of the sample period, and then increased sharply in the late 1980s. For the United States, the estimated differential has increased fairly steadily since the early 1970s. However, by the end of the sample period, the gender wage gap, controlling for schooling, experience, and demographics was the same in Kentucky as in the rest of the country.



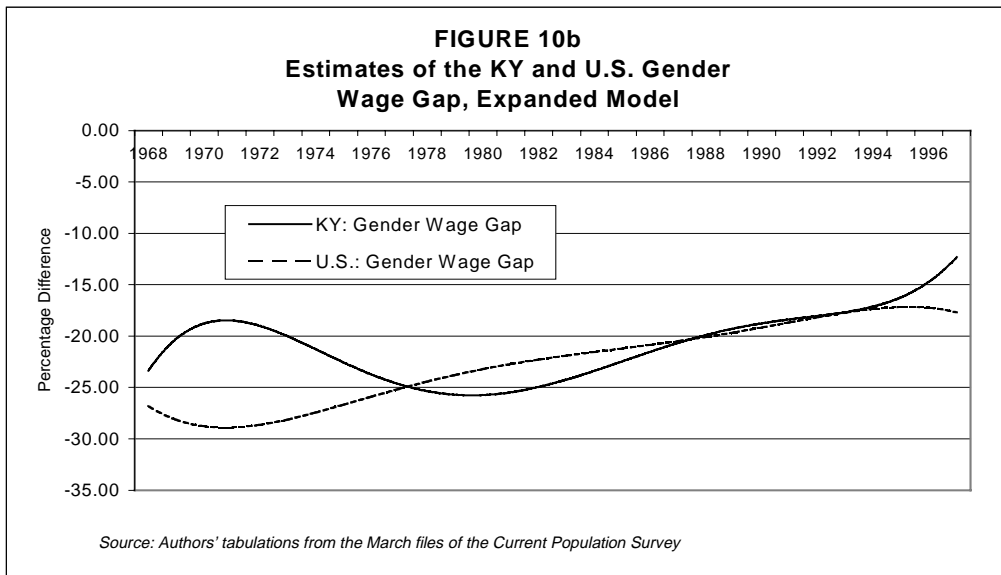
¹⁰¹ U.S. Bureau of the Census, *Statistical Abstract* 1991.

¹⁰² U.S. Bureau of the Census, *Statistical Abstract* 1997.

¹⁰³ U.S. Bureau of the Census, *Statistical Abstract* 1991.

¹⁰⁴ U.S. Bureau of the Census, *Statistical Abstract* 1997.

In Figure 10b we see a similar situation in some respects after controlling for occupation and industry in the expanded model. Early in the period, the gender wage gap was narrower in Kentucky than in the rest of the country. The Kentucky estimate then widened before converging with the national estimate in the late 1980s and becoming even more narrow than the national estimate in the mid 1990s. In other words, after controlling for schooling, experience, demographics, occupation, and industry, the gender wage gap in Kentucky has been essentially the same as that in the rest of the country for the last 10 years.



Taken together these results suggest the following. Once characteristics are accounted for, the earnings of women in Kentucky have been rising as fast or faster than those of women in other parts of the country. In other words, within given occupational categories or schooling groups, Kentucky women have been catching up faster than women elsewhere. In fact, now the adjusted gender gaps in Kentucky and the rest of the country are virtually indistinguishable. Thus, wage discrimination has probably been decreasing in Kentucky faster than elsewhere. However, the raw wage gap has been narrowing only very slowly in Kentucky. This suggests that the characteristics of women that lead to higher wages, e.g., schooling, experience, and the types of occupations and industries that they work in are converging with the characteristics of men more slowly in Kentucky than elsewhere. For example, it is probably the case that skilled women are catching up more quickly to men with the same skills in Kentucky, but fewer women are moving into such groups in Kentucky. Based on our calculations from the 1997 March Current Population Survey, men are more likely than women to be in higher paying managerial and manufacturing jobs in Kentucky than in the rest of the United States. Similarly, we find that women are more likely to be in lower paying service occupations and wholesale and retail industries in Kentucky than in the rest of the United States.¹⁰⁵

¹⁰⁵The proportions of men and women in managerial jobs in Kentucky in 1997 were .150 and .138 respectively compared with .145 and .142 in the rest of the U.S. In Kentucky, the proportion of men in manufacturing was .251, compared with .127 for women. In the rest of the U.S., the proportions of men and women in manufacturing were .217 and .119. In Kentucky, the proportion of men in service occupations was .031 as opposed to .161 for women. In the rest of the U.S., the proportions of men and women in service occupations were .075 and .146. Finally, the proportions of men and women in the wholesale and retail industries in Kentucky were .198 and .268 compared with .211 and .201 in the rest of the country.

Conclusions

Earnings of women in the United States have been catching up to the earnings of men for the last 25 years. This has occurred even though real wages stagnated over much of the period, the distribution of income became more unequal, and groups such as blacks and those with less schooling lost ground. This gain has occurred because women have gained additional schooling and job market experience relative to men and have begun moving into higher wage occupations. In addition, it is probably the case that wage discrimination against women has been reduced. There is no reason to expect that the wage gains experienced by women will not continue, as they improve their labor market positions and wage discrimination abates.

The situation in Kentucky is somewhat more complicated. The average wages of women relative to men have improved only slightly over the last 30 years. However, once factors such as schooling, experience, demographics, occupation, and industry have been controlled for, the earnings of women relative to men have increased more rapidly in Kentucky than in the rest of the country. Thus, it is likely the case that gender wage discrimination within occupations, industries, and schooling groups has been reduced more quickly in Kentucky than elsewhere. This “unexplained” portion of the wage gap is now no different in Kentucky than elsewhere. Correcting wage discrimination within occupations is now no bigger a challenge in Kentucky than in the rest of the country. Instead, the challenge in Kentucky is to improve the productive characteristics of women: their education and experience levels, and the occupations and industries in which they work. If these characteristics of women and men converge at a faster rate in Kentucky than elsewhere, then the “raw” gender wage gap in Kentucky will begin to approach the gap in the rest of the country. Otherwise, improvements in the “raw” gap will come more slowly and will largely consist of increases in women’s wages relative to men within occupations and industries.

The Employment Outlook for Kentucky Women

By Billie M. Sebastian*

Here we present information about the jobs U.S. and Kentucky women currently hold, the growth or decline we can expect in those jobs, and the educational requirements for those jobs. We also consider some of the ways women must prepare themselves for future employment opportunities. We find that many Kentucky women currently hold jobs that are expected to experience significant growth between now and 2005; however, the average wage of the fastest growing occupations is comparatively low.

Women have a huge stake in the job market as their earnings become more and more central to the well-being of families and households.

Between 1994 and 2005, the presence of women in the labor force is expected to grow at nearly twice the pace as men's—16.6 percent compared with 8.5 percent. During the same time period, women are expected to increase their share of the national labor force from 46 percent to 48 percent. Given these forces of change, what is the employment outlook for women in the Commonwealth? Which jobs will be in demand from now until 2005, which occupations will provide the most job openings each year, and which are likely to grow the fastest or decline by 2005? In short, how will Kentucky women fare in the coming economy? This chapter offers some answers to these questions.

TABLE 3
20 Leading Occupations of Employed Women,
U.S. Annual Averages, 1997
(numbers in thousands)

Occupations	Total #	% Female
Secretaries	2,989	98.5
Cashiers	2,356	78.3
Managers and administrators, n.e.c.*	2,237	30.2
Registered Nurses	1,930	93.5
Sales supervisors and proprietors	1,780	38.4
Nursing aides, orderlies, and attendants	1,676	89.4
Bookkeepers, accounting, and auditing clerks	1,602	92.3
Elementary school teachers	1,571	83.9
Waiters and Waitresses	1,070	77.8
Sales workers, other commodities**	1,014	69.2
Receptionists	970	96.5
Accountants and auditors	921	56.7
Machine operators, assorted materials	913	31.5
Cooks	888	41.8
Textile, apparel, and furnishing machine operators	781	72.1
Janitors and cleaners	756	34.0
Investigators and adjusters, excluding insurance	735	74.8
Administrative support occupations, n.e.c.*	702	76.8
Secondary school teachers	685	58.4
Hairdressers and cosmetologists	676	90.4

* n.e.c. – not elsewhere classified.

** Includes foods, drugs, health, and other commodities.

Source: U.S. Department of Labor, Office of the Secretary, Women's Bureau, Washington, DC.

* The author extends grateful acknowledgement to Earl Turley of the Kentucky Workforce Development Cabinet for his assistance in providing the employment codes and Michael T. Childress, Executive Director of the Kentucky Long-Term Policy Research Center, for his assistance with the data analysis.

TABLE 4
Occupations of Employed Persons, Kentucky, 1990

Occupations	Total #	Male	Female	% Female
Technical, sales, and admin. support occupations	452425	157410	295015	65.2%
Health technologists and technicians	21673	3443	18230	84.1%
Technologists and technicians, except health	27714	19632	8082	29.2%
Sales occupations	174637	84443	90194	51.6%
Supervisors and proprietors, sales occupations	43972	28335	15637	35.6%
Sales representatives, commodities and finance	40529	28010	12519	30.9%
Other sales occupations	90136	28098	62038	68.8%
Cashiers	38711	6019	32692	84.5%
Admin. support occupations, including clerical	228401	49892	178509	78.2%
Computer equipment operators	7619	2366	5253	68.9%
Secretaries, stenographers, and typists	54573	834	53739	98.5%
Financial records processing occupations	30782	2986	27796	90.3%
Mail and message distributing occupations	11374	7040	4334	38.1%
Service occupations	204943	73764	131179	64.0%
Private household occupations	6733	259	6474	96.2%
Protective service occupations	22603	19467	3136	13.9%
Police and firefighters	7505	6949	556	7.4%
Serv. occupations, except protective, household	175607	54038	121569	69.2%
Food service occupations	70287	21748	48539	69.1%
Cleaning and building service occupations	44827	24875	19952	44.5%
Managerial and professional specialty occupations	336475	164500	171975	51.1%
Executive, admin., and managerial occupations	151569	87855	63714	42.0%
Officials and administrators, public admin.	6551	3488	3063	46.8%
Management and related occupations	42004	20482	21522	51.2%
Professional specialty occupations	184906	76645	108261	58.5%
Engineers and natural scientists	22100	18738	3362	15.2%
Engineers	12961	12144	817	6.3%
Health diagnosing occupations	8931	7327	1604	18.0%
Health assessment and treating occupations	32357	4401	27956	86.4%
Teachers, librarians, and counselors	77044	20523	56521	73.4%
Teachers, elementary and secondary schools	54518	11115	43403	79.6%
Operators, fabricators, and laborers	310827	226558	84269	27.1%
Machine operators and tenders, except precision	92469	49692	42777	46.3%
Fabricators, assemblers, inspectors, samplers	53607	34478	19129	35.7%
Transportation occupations	65762	59075	6687	10.2%
Motor vehicle operators	61255	54602	6653	10.9%
Material moving equipment operators	22240	21476	764	3.4%
Handlers, equipment cleaners, helpers, laborers	76749	61837	14912	19.4%
Construction laborers	14176	13671	505	3.6%
Freight, stock, and material handlers	29106	22287	6819	23.4%
Farming, forestry, and fishing occupations	57754	50880	6874	11.9%
Farm operators and managers	30253	27071	3182	10.5%
Farm workers and related occupations	24422	20787	3635	14.9%
Precision production, craft, and repair occupations	201536	185076	16460	8.2%
Mechanics and repairers	64412	62260	2152	3.3%
Construction trades	68451	66770	1681	2.5%
Precision production occupations	55857	43393	12464	22.3%

Source: 1990 Census of Population, Kentucky, U.S. Dept. of Commerce, Bureau of the Census.

Leading Jobs for U.S. Women

In 1995, women age 16 and over in the United States numbered 103 million, of which a record 61 million or 59.2 percent were in the civilian labor force; that is, they were either working or looking for work.¹⁰⁶ The U.S. Department of Labor reports the 20 leading occupations of employed women annually. As Table 3 shows, the category of secretaries heads the list, both in total number of jobs and in percentage of women employed, with 98.5 percent of secretary positions nationwide being held by women.¹⁰⁷ Other traditional jobs where three fourths or more of those employed are women include receptionists (96.5 percent); registered nurses (93.5 percent); bookkeepers, accounting, and auditing clerks (92.3 percent); hairdressers and cosmetologists (90.4 percent); nursing aides, orderlies, and attendants (89.4 percent); elementary school teachers (83.9 percent); cashiers (78.3 percent); and waiters and waitresses (77.8 percent).

Leading Jobs for Kentucky Women

To get a good grasp on the employment outlook for Kentucky women, we must first determine where they are employed *now*. Kentucky-specific data are listed in Table 4, organized in broad job categories. The data show that many Kentucky women are working in jobs traditionally held by women. Secretaries top the list here as well (98.5 percent), but women are also highly represented in other traditional roles: private household service occupations (96.2 percent), financial records processing occupations (90.3 percent), health assessment and treating occupations (86.4 percent), and health technologists and technicians (84.1 percent). In addition, 78.3 percent of those employed as cashiers nationwide in 1997 were women, while women accounted for 84.5 percent of Kentucky cashiers (1990 data).

On the flip side, Kentucky women are poorly represented in traditional “male” occupations. As Table 4 demonstrates, in 1990 Kentucky women made up only 7.4 percent of the police and firefighters, 6.3 percent of engineers, 3.6 percent of construction laborers, 3.4 percent of material moving equipment operators, 3.3 percent of mechanics and repairers, and 2.5 percent of those in construction trades.

Occupational Outlook for Kentucky

According to projections by the Kentucky Workforce Development Cabinet,¹⁰⁸ some jobs will decline in the future (see Table 5), but overall Kentucky jobs are expected to grow about 17 percent compared with 14 percent nationwide. The Kentucky economy is expected to create more than 300,000 new jobs between 1994 and 2005. The Cabinet estimates that an additional 428,000 job vacancies will likely occur through retirements, promotions, or transfers within occupations. Projections for the Kentucky economy are that 66,000 jobs per year through 2005 will have to be filled by newly educated and trained workers. As Table 6 illustrates, annual job

TABLE 5
Projected Job Losses in Occupations with Highest Losses, Kentucky, 1994-2005

Sewing Machine Operators, Garment	4,752
Farmers	4,695
Bank Tellers	1,775
Farm Workers, Excluding Ag. Services	1,748
Cleaners & Servants, Private Household	1,156
Typists, Including Word Processing	1,118
Bookkeeping, Accounting, Auditing Clerks	1,102
Mainframe Computer Operators, Ex. Peripheral Equip.	928

Source: Department for Employment Services, Kentucky Workforce Development Cabinet

¹⁰⁶ U.S. Department of Labor, Women's Bureau, *Facts on Working Women*, No. 96-2, Sept. 1996.

¹⁰⁷ U.S. Department of Labor, Bureau of Labor Statistics, February 1997, Washington, DC.

¹⁰⁸ Kentucky Workforce Development Cabinet, *Kentucky Occupational Outlook to 2005* (Frankfort, KY: Author, 1997).

TABLE 6
The Fastest Growing Occupations in
Kentucky, by Job Requirement, 1994-2005

Minimum Requirement/Occupation	Annual Job Openings
Bachelor's Degree	
General Managers & Top Executives	1,613
Registered Nurses	1,093
Teachers, Elementary	903
Teachers, Secondary	616
Teachers, Special Education	382
Extensive Postsecondary or Employer Training	
Marketing & Sales, Supervisors	879
Clerical Supervisors & Managers	694
Maintenance Repairers, General Utility	603
Other Sales Reps., Excluding Retail	571
Automotive Mechanics	527
High School Diploma and/or Some Postsecondary Training	
Salespersons, Retail	2,247
General Office Clerks	1,096
Waiters & Waitresses	1,024
Nursing Aides, Orderlies & Attendants	1,003
Secretaries, Except Legal & Medical	962
High School Diploma Preferred, Not Required	
Cashier	3,685
Janitors & Cleaners	1,182
Food Prep. & Service Workers, Fast Foods	871
Guards	643
Stock Clerks, Sales Floor	639

Source: Dept. for Employment Services, Kentucky Workforce Development Cabinet

openings will abound for those with an education, regardless of gender. These jobs will include managerial positions, registered nurses, and teachers.

However, the employment change for this period will vary greatly among the 620 occupations presented in the report, *Kentucky Occupational Outlook to 2005*. Nearly 50 percent of the new jobs created will be in two major occupational categories: professional and paraprofessional and technical and services. Within these two major sectors, health care and computer-related occupations will grow rapidly through 2005, as will new jobs in personal service and protective service occupations.

Method, Data, and Assumptions

Method and Data. In this section, we explore how we determined the future job market for women, where we collected the data, and the method we used for examining it. As previously noted, employment projections for Kentucky were provided in the Kentucky Workforce Development Cabinet's

report, *Kentucky Occupational Outlook to 2005*. This document projects employment changes for 620 occupations by Occupational Employment Statistics (OES) codes for the period 1994 to 2005. For example, in 1994 there were 28,966 registered nurses¹⁰⁹ employed in Kentucky. By 2005, 36,238 are projected to be employed in this occupation. That translates into 7,272 new job opportunities for registered nurses or a 25.1 percent increase. According to the Workforce Development Cabinet, 1,093 new jobs are expected per year for registered nurses from job openings expected to result from employment growth and openings generated by workers separating from or leaving the occupation, requiring replacement workers. These separations occur as a result of retirements, promotions, or transfers within occupations.

However, this report does not forecast openings by gender, so we used another data set to estimate occupational changes by gender. Survey data from the University of Kentucky (UK) Survey Research Center provide us with information on where Kentuckians are currently employed as well as additional socioeconomic factors. We used data from the spring 1996, fall 1996, and fall 1997 surveys to estimate where Kentuckians are currently employed.¹¹⁰ The size of our sample of employed Kentuckians for the combined surveys was 1,176, though information on all questions was not available from every respondent.

¹⁰⁹ OES Code 32502.

¹¹⁰ For all three samples, households were selected using random-digit dialings, a procedure giving every residential telephone line in Kentucky an equal probability of being called. Calls were made from May 5 until June 5, 1996, for the spring 1996 survey; December 9, 1996, until January 8, 1997, for the fall 1996 survey; and November 19 until December 21, 1997, for the fall 1997 survey. The spring 1996 survey sample includes 629 (676 for the fall 1996 survey and 635 for the fall 1997 survey) noninstitutionalized Kentuckians 18 years of age or older. The margin of error for the spring 1996 survey is slightly less than 4 percentage points at the 95 percent confidence level (3.9 percentage points for the fall 1996 telephone survey and 4 percentage points for the fall 1997 survey).

Information on respondents garnered from the UK Survey Research Center data included, among other variables, gender and occupation. Based on the survey respondents' answers to the question, "What is your occupation?" we determined a possible 5-digit OES code for that particular occupation.¹¹¹ This allows us to link an individual's response regarding occupation to projected changes in occupations forecasted by OES code.

Assumptions. We assume that women in Kentucky *will tend* to work in the same occupations through the year 2005 that they now hold. Though it is, of course, possible for anyone of either gender to pursue and succeed in any job, the reality is that one gender or the other is overrepresented in many jobs. Consequently, future Kentucky women who enter the labor force will be facing the same labor market circumstances that current women in Kentucky now face.

Gender has always exercised a strong effect on occupational options and choices. Francine Blau and Marianne Ferber, University of Illinois colleagues, report that not only "were relatively few women employed during the early years of the twentieth century, but they also tended to work in different occupations than men and were concentrated in a relatively few jobs."¹¹² They cite census data showing that almost 39 percent of employed women were in domestic service, which "may plausibly be seen as an extension of what women do at home."¹¹³ Additionally, 25 percent were in manufacturing, "virtually all in textiles, clothing, and tobacco. Another 18 percent . . . were in agriculture. Finally, 8 percent were in the professions, almost entirely composed of school teachers and nurses. These professions, again, may be regarded as extensions of women's domestic role."¹¹⁴

Ninety percent of all women in the labor force were in this small group of occupations. Teaching and clerical work were originally primarily male occupations, but after 1900, when clerical positions gradually ceased to be viewed as apprenticeships, women entered this field in significant numbers; in time, it became predominately female and absorbed a substantial proportion of employed women.¹¹⁵ By 1989, women tended to be concentrated in administrative support (including clerical) and service occupations; 46 percent of all women workers were in these two occupations, compared to only 15.3 percent of men. Men were considerably more likely than women to be in operator and laborer jobs and in the precision production, craft, and repair occupations, the strongholds of skilled blue-collar workers. Forty percent of male workers were employed in these categories in 1989, as compared with 11 percent of women. Men were also somewhat more highly represented than women in executive, managerial, and administrative positions, whereas women were somewhat more highly represented than men in professional jobs.¹¹⁶

Blau, now a Cornell University professor of economics, raises the question of whether the tendency for women to find work in traditionally lower paying occupations is due to women's prefer-

¹¹¹ Because survey respondents answer questions using different terminology, many answers would not correspond with the U.S. Department of Labor's exact description for each OES code. We therefore included a "certainty" variable to indicate how closely aligned the survey respondent's reply was to the description of the OES code. A certainty variable of "1" means the answer was exactly the same as the OES description, a "2" variable means it was "almost" the same, and a "3" variable means it was a subjective guess. The frequency distribution of the various variables is 1=634 or 53.9 percent, 2=487 or 41.4 percent, and 3=55 or 4.7 percent. For example, a respondent might say he is a "chef" but there is no specific 5-digit OES code for "chef." There are, however, four separate OES codes for "cook" depending on where the cook does his cooking: "cooks, restaurant;" "cooks, institution or cafeteria;" "cooks, specialty fast food;" and "cooks, short order." There are also "bakers, bread and pastry," "food preparation workers," and "combined food preparation and service workers." In this case, we would assign the chef the 5-digit code for "cooks, restaurant" and a certainty variable of "2." On the other hand, when a respondent replied he was a cook for a public school system, we would assign him the 5-digit OES code for "cooks, institution or cafeteria," with a certainty variable of "1." We analyzed the data, first using all the responses, including those with a certainty variable of "3," and then just the responses with certainty variables "1" and "2." We compared those results to the results gained from comparisons using only the certainty variable of "1" to see if there was any significant difference. Since there was not, we used the entire set of responses to maintain a reasonable sample size for accuracy.

¹¹² Francine D. Blau and Marianne A. Ferber, *The Economics of Women, Men, and Work* (Englewood Cliffs, NJ: Prentice-Hall, 1986).

¹¹³ Blau and Ferber.

¹¹⁴ Blau and Ferber.

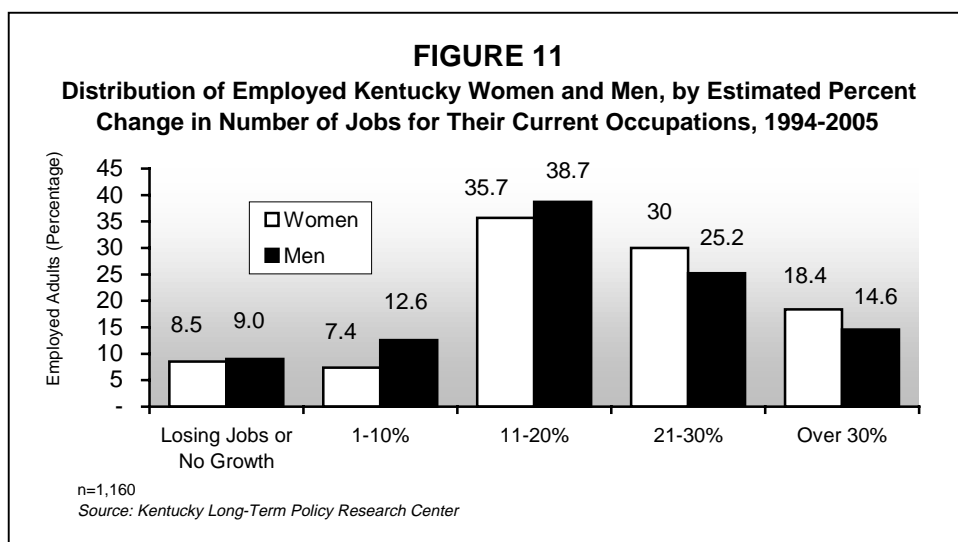
¹¹⁵ Blau and Ferber.

¹¹⁶ Blau and Ferber.

ences or to discrimination against women. She cites arguments that support either conclusion. Nonetheless, her research suggests that occupational gender segregation has “greatly diminished,” which explains at least a portion of the improvement in women’s wages.¹¹⁷ Likewise, Joyce P. Jacobsen of Wesleyan University notes that while women have increased their representation in all the white-collar occupational groups (professional, managerial, clerical, and sales), they were concentrated in clerical occupations from 1950 to 1990. However, they have made their biggest representation gains in the managerial occupations.¹¹⁸

The Future Job Outlook for Kentucky Women

The job outlook is brighter for Kentucky women than for men. As Figure 11 shows, men and women are equally likely to have jobs that are projected to decline by 2005. Men, on the other hand, are more likely to be in jobs with low growth rates (i.e., between 1 percent and 20 percent), while women are more likely to be in jobs with high growth rates (i.e., more than 20 percent). About 8.5 percent of women and 9.0 percent of men are currently in jobs that are expected to decline or remain stagnant in the future, suggesting more unemployment or movement to other types of occupations where jobs are expected to increase. Men held almost a two-to-one margin (12.6 percent compared to 7.4 percent) in jobs expecting little growth (1 percent to 10 percent) as well, and slightly more men than women (38.7 percent compared to 35.7 percent) were in the category of jobs expecting medium growth (11 percent to 20 percent). But the other categories of jobs expecting high to hyper (over 30 percent) growth had more women than men.



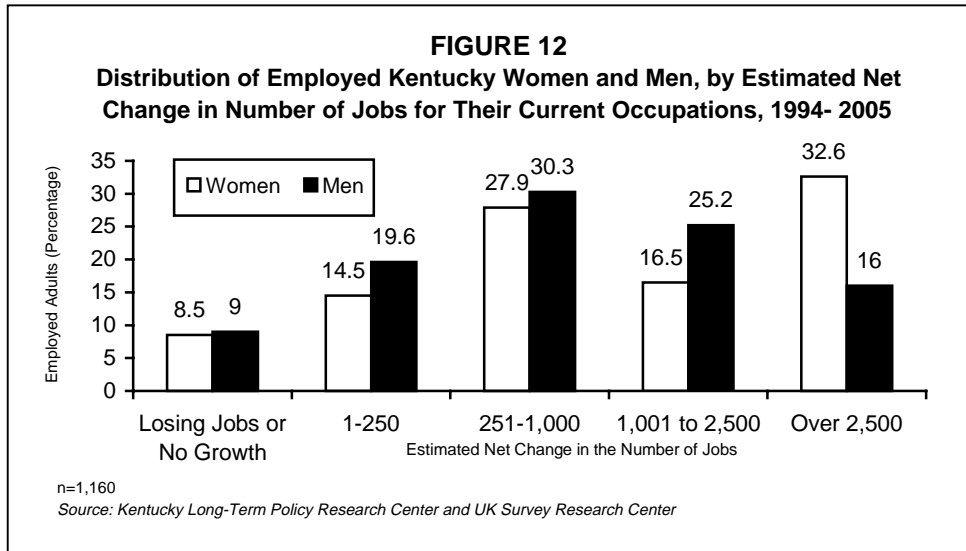
It is also important to examine the estimated *net* change in the number of jobs since a percentage change is affected by the size of the baseline value. For example, an increase of 101 percent, one of the largest percentage increases between 1994 and 2005 for any job, is expected for occupational therapy assistant (OES Code 66021). Yet this 101 percent increase only represents 166 new jobs.

As we see in Figure 12, when considering the net change in the number of jobs for their current occupations, just as when we considered the percentage change, men and women are equally likely to have jobs that are projected to decline by 2005. However, men are more likely to be in jobs with

¹¹⁷ Francine D. Blau, “Trends in the Well-Being of American Women, 1970-1995,” *Journal of Economic Literature*, 26 (1998): 112-165.

¹¹⁸ Joyce P. Jacobsen, *The Economics of Gender* (Cambridge, MA: Blackwell Publishers, 1994).

low (1-250 new jobs), medium (251-1,000 new jobs), and high growth (1,001-2,500 new jobs) while women, on the other hand, are more likely to be in jobs expecting hyper growth (over 2,500 new jobs.)



Age Differences. In this section we examine whether younger workers (ages 18-44) tend to be in jobs that are more likely to increase than older workers (ages 45-65) when considering their future employment opportunities. Are older women, for example, concentrated in jobs that are likely to decrease or in jobs expected to increase in number? Does the picture we see for Kentuckians as a group differ from the perspective we find when considering the separate age distinctions?

We find little difference between the two age groups. We looked specifically at where Kentucky women, profiled by age, are currently working and what percentage change could be expected in those job categories. We find that the percentages are relatively close across all job growth categories when we examine the distribution of employed Kentucky women by age group and the estimated *percentage* change in the number of jobs for their current occupations from 1994 to 2005 (see Table 7). The widest difference (5.5 percentage points) is in the medium job growth category where 34.5 percent of younger Kentucky women are employed compared with 40 percent of older employed Kentucky women.

TABLE 7 Distribution of Employed Kentucky Women, by Age Group and by Estimated Percentage Change in Number of Jobs for Their Current Occupations, 1994-2005					
Age Group	Estimated Percentage Change in the Number of Jobs				
	Losing Jobs or No Change	Low (1-10%)	Medium (11-20%)	High (21-30%)	Hyper (Over 30%)
18 to 44 years	8.1%	7.5%	34.5%	30%	19.8%
45 to 64 years	9.8%	6.8%	40%	27%	16.6%

n=496
Hints for reading this table: An estimated 9.8 percent of women between 45 and 64 years old are currently in occupations that are expected to experience either no change or a net decrease from 1994 to 2005. On the other hand, there are an estimated 16.6 percent of Kentucky women between 45 and 64 who are currently in occupations that are expected to experience very high growth (over 30 percent) in the number of job openings from 1994 to 2005.
Source: Kentucky Long-Term Policy Research Center

Results are almost identical when we examine the distribution of employed Kentucky women by age group and the estimated *net* change in the number of jobs for their current occupations from 1994 to 2005 (see Table 8). The *biggest* difference we find between the two groups is in the low growth category, about 6 percentage points.

TABLE 8 Distribution of Employed Kentucky Women, by Age Group and the Estimated Net Change in Number of Jobs for Their Current Occupations, 1994 to 2005					
Age Group	Estimated Net Change in the Number of Jobs				
	Losing Jobs or No Change	Low (1 to 250)	Medium (251-1,000)	High (1,001 to 2,500)	Hyper (Over 2,500)
18 to 44 years	8.1%	16.5%	28.2%	15.9%	31.2%
45 to 64 years	9.8%	10.4%	28.8%	16.6%	34.4%

n=496
Hints for reading this table: An estimated 8.1 percent of women between 18 and 44 years old are currently in occupations that are expected to experience either no change or a net decrease from 1994 to 2005. At the other end of the spectrum, an estimated 31.2 percent of Kentucky women between 18 and 44 are currently in occupations that are expected to experience a net increase of over 2,500 job openings from 1994 to 2005.
 Source: Kentucky Long-Term Policy Research Center

A Closer Look at the Quality of the Jobs

On the surface it would appear that women's place in the future workforce is secure. A closer look, however, reveals a not-so-rosy picture. What kinds of jobs are those that so many Kentucky women hold? We know they are expected to increase in number, but how well do they pay? We examined the average pay for each of these job categories by gender. As expected, the average wages for occupations currently held by women are lower than wages for the occupations held by men.

TABLE 9 Occupational Mean Wage (1996), by Gender and by the Estimated Percentage Change in Number of Jobs, 1994-2005					
	Estimated Percentage Change in the Number of Jobs				
	Losing Jobs or No Change	Low (1-10%)	Medium (11-20%)	High (21-30%)	Hyper (Over 30%)
Women	\$9.30	\$11.77	\$12.95	\$12.91	\$10.19
Men	\$14.04	\$12.17	\$14.59	\$14.58	\$14.72

n=1017
Hints for reading this table: The mean wage in 1996 for women in occupations that are expected to experience either no change or a net decrease from 1994 to 2005 is \$9.30 per hour, compared with \$14.04 for men in the same occupations. However, the mean wage in 1996 for women in occupations that are expected to experience medium growth (11-20%) is \$12.95 per hour, compared to \$14.59 for men.
 Source: Kentucky Long-Term Policy Research Center

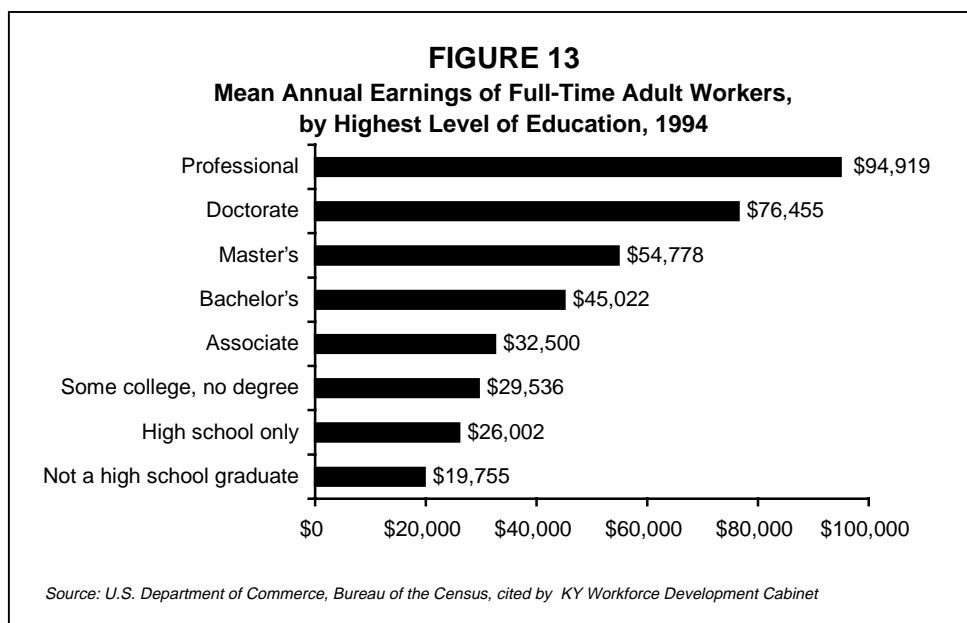
The average wages for occupations held by women are lower than for occupations held by men in every category when we compare the estimated *percentage* change in the number of jobs (see Table 9). This is also true when we compare the estimated *net* change in the number of jobs (see Table 10), but at least the jobs Kentucky is losing for women are low-paying, in contrast to men's jobs which are high-paying. Most women are in the medium job growth category and the pay is relatively high (\$12.95 per hour). Earlier we noted that there are a lot more women in the hyper growth category, but the mean wage, \$10.19 per hour, while not bad, is almost the lowest in the table (see Table 9).

TABLE 10 Occupational Mean Wage (1996), by Gender and by the Estimated Net Change in Number of Jobs, 1994-2005					
	Estimated Net Change in the Number of Jobs				
	Losing Jobs or No Change	Low (1-250)	Medium (251-1,000)	High (1,001-2,500)	Hyper (Over 2,500)
Women	\$9.30	\$12.78	\$13.46	\$13.37	\$10.67
Men	\$14.04	\$12.97	\$15.08	\$16.66	\$10.73

n=1017
Hints for reading this table: The mean wage in 1996 for women ranged from \$9.30 per hour for those who are currently in occupations that are expected to experience either no change or a net decrease from 1994 to 2005 to \$13.46 per hour for those in occupations expecting medium growth (251 to 1,000 new jobs). The 1996 mean wage for men, on the other hand, ranged from a low of \$10.73 for those in occupations expecting hyper growth (over 2,500 new jobs) to \$16.66 per hour for those in occupations expecting high growth (1,001 to 2,500 new jobs.)
Source: Kentucky Long-Term Policy Research Center

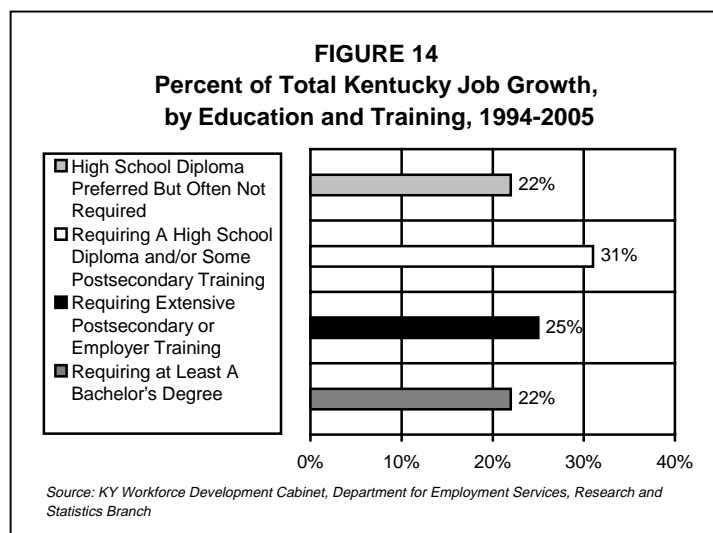
Education. The marketplace will determine the types of jobs in the future workplace, but education will continue to be most critical to success. The requirements in many of the less-skilled jobs in the marketplace will remain unchanged. Their skill requirements are low and will remain so; however, the education and job requirements in many of the higher skilled jobs will increase and change significantly. The better educated and trained individuals become to meet these changes, the more job opportunities, as well as higher pay, will become available to them.

Education pays dividends throughout life. Traditionally, the more education, the more money earned. In fact, the value of education has clearly increased during the past 20 years. The wages of high school graduates declined in the 1970s and 1980s while the earnings of college graduates have increased, thus increasing incentives to attend college.¹¹⁹ Though not every person who holds an advanced degree reports a high income and many people who left school early have high earnings today, there is a clear relationship between the amount of schooling a worker has and subsequent earnings (see Figure 13).¹²⁰



¹¹⁹ Dan Black, Kermit Daniel, and Seth Sanders, "The Earnings of Dropouts and High School Enrollments: Evidence from the Coal Boom and Bust," *Exploring the Frontier of the Future*, eds. Michael T. Childress, Billie M. Sebastian, Peter Schirmer and Michal Smith-Mello (Frankfort, KY: Kentucky Long-Term Policy Research Center, 1996) 81.

¹²⁰ KY Workforce Development Cabinet.



growth through 2005 when allocated among the four education levels will range from 22 to 31 percent (see Figure 14).¹²¹

We examined the education requirements for jobs where Kentucky women are already in the workforce (see Table 11). Over half (51.4 percent) are concentrated in the “lower” end of the requirement scale, compared with only 28 percent of the men, where at best some postsecondary education is required. However, almost one third (32.8 percent) are also currently working in jobs requiring a bachelor’s degree.

TABLE 11 Distribution of Employed Kentuckians, by Gender and by Educational Requirements for Their Occupations				
	Bachelor's	Extensive Postsecondary	High School and/or Some Postsecondary	High School Preferred, But Not Required
Women	32.8%	15.8%	41.3%	10.1%
Men	26.7%	45.3%	22.6%	5.5%

n=938
Hints for reading this table: Approximately 32.8 percent of employed Kentucky women are currently working in occupations with an educational requirement of a Bachelor's Degree or more, compared with only 10.1 percent who are working in occupations that do not require even a high school diploma.
 Source: Kentucky Long-Term Policy Research Center

We also compared the current average hourly wages of occupations held by Kentucky women with those of occupations held by men in jobs requiring similar education backgrounds as well as to jobs requiring different education backgrounds. In other words, we compared occupational wages for both men and women in the four separate job categories by education requirement (see Table 12). Within every job category, “men’s occupations” on average have higher salaries than women’s. Interestingly, there are more women than men in jobs requiring at least a bachelor’s degree (32.8 percent compared to 26.7 percent) but women’s hourly wages are less (\$17.82 compared to \$20.94).

¹²¹ KY Workforce Development Cabinet.

TABLE 12
Average Hourly Wage for Employed Kentuckians,
by Gender and by Educational Requirements for Their Occupations

	Bachelor's	Extensive Postsecondary	High School and/or Some Postsecondary	High School Preferred, But Not Required
Women	\$17.82	\$11.06	\$8.59	\$6.83
Men	\$20.94	\$14.04	\$9.89	\$7.91

n=938
Hints for reading this table: Employed Kentucky women who are working in occupations requiring at least a Bachelor's Degree are making an estimated average hourly wage of \$17.82. On the other end of the spectrum, Kentucky women working in occupations that do not even require a high school diploma earn an average of only \$6.83 per hour.
Source: Kentucky Long-Term Policy Research Center

More women than men (51.4 percent compared with 28.1 percent) are currently in jobs requiring at best a high school diploma and some postsecondary employer training. Those hourly wages on average are not very high (\$6.83-\$8.59 for women and \$7.91-\$9.89 for men). Even if medium or high growth occurs in these job categories, the women working there will not benefit greatly because the wages are so low.

In the job categories where extensive postsecondary or employer training is required, the hourly wage begins to increase, but these are jobs held by less than one fifth of the women (15.8 percent). The final one third of the female workforce is in jobs requiring at least a college degree.

But we also found that women cluster at the low educational end while men concentrate on the high educational end. Over half the women in the workforce are now in jobs requiring at most a high school diploma and *some* postsecondary training (51.4 percent). On the other hand, 72 percent of the male workforce are in jobs requiring at the least extensive postsecondary or employer training, and in fact, over one fourth are in jobs requiring at least a bachelor's degree.

Three times as many men as women (15.8 percent compared to 45.3 percent) have jobs requiring extensive postsecondary or employer training but not necessarily a degree. In jobs requiring only a high school diploma and some postsecondary education, 41.3 percent of those employed are women, and only 22.6 percent are men. And in the job category where a high school diploma is not required, there are almost twice as many women (10.1 percent) as men (5.5 percent).

What does this suggest for the future well-being of women in Kentucky? It shows that men and women with a college degree can do well. However, while men without a college education can still do well, women without a college education usually do not. In other words, a woman's best opportunity for future success in the workforce is to get into a job requiring a college degree. Many men will continue to fare well without a college degree; in fact, 45.3 percent of men are in the extensive postsecondary or employer training category and make a good wage. But women, as a rule, will need at least a college degree to succeed.

Fortunately, women are getting more education. The proportion of women completing college has topped that of men, and the lead is widening.¹²² As of 1997, 29.3 percent of women ages 25 to 29 had completed four years or more of college, compared with 26.3 percent of men. The Census Bureau's analysis of education statistics also found that women topped men 28.2 percent to 26.1 percent in 1996. That was the first time women had a statistically significant lead. Between 1985 and 1995 the percentages of men and women completing college was so close that the difference was considered statistically insignificant. Before 1985, men consistently held the lead, but, as they have traditionally done, young women led men in completing high school—88.9 percent to 85.8 percent.

¹²² Randolph E. Schmid, Associated Press, reported in *The Courier-Journal* 29 June 1998: A3.

Conclusions

High job growth is expected for the occupations in which Kentucky women are currently employed, but these are not necessarily high-paying jobs. Women need to prepare themselves for the workplace of the future by getting an adequate education, which is key to higher earnings. Certainly, women cannot afford not to get an education. Indeed, no one can. But undereducated males are likely to fare better in the workforce than undereducated women, probably because men are more likely than women to have jobs in the manufacturing sector and in other male-dominated fields that offer higher pay. As women increase their levels of education and training and enter more “nontraditional” jobs, their employment and earnings outlook will brighten. Accordingly, Blau and Ferber note, “As the labor force participation of women remains high and is likely to continue to increase, young women will be even more likely to invest in their human capital in preparation for market work and to continue moving into less traditional occupations. Both these trends should continue to reduce the male-female earnings gap, perhaps even at a faster pace than in the past.”¹²³ Without some postsecondary training, women will continue to be the major component of the Commonwealth’s “working poor.” Though plenty of jobs will be available to them, these jobs will largely pay a minimal wage and offer little chance of advancement. As a consequence, the employment outlook for women in Kentucky hinges upon their educational preparation.

¹²³ Blau and Ferber.

The Status of Kentucky Women in Higher Education

By Roger Sugarman
Kentucky Council on Postsecondary Education

In the past, women typically achieved lower levels of education than men here and across the nation. Here, the author examines the new gender gap, the dramatic reversal of long-standing trends in college attendance and graduation rates by gender. In recent years, young women have begun to enroll in college and complete four-year degrees at higher rates than men at national and state levels. While the academic strengths and pursuits of women differ from those of men, the emergence of higher educational achievement among women may have profound implications for their future status.

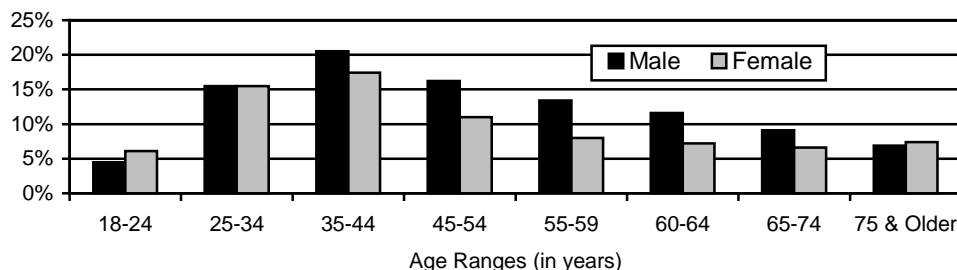
Kentucky has a long history of low educational attainment among its citizenry. In 1990, the United States Census revealed that Kentucky ranked 48th in the country in the percentage of adults aged 25 and above who reported having earned a four-year college degree or higher.¹²⁴ Only 13.6 percent of Kentucky's adult population had earned at least a bachelor's degree, compared with the national average of 20.3 percent. If the Commonwealth is to compete successfully in the global marketplace, more Kentuckians will need to have some postsecondary education.

Women in Kentucky and across the nation have traditionally attained somewhat lower levels of education than men have. In the 1990 Census, for instance, 12.2 percent of the women in the Commonwealth reported having earned a baccalaureate degree or higher while 15.3 percent of the men indicated having earned a four-year degree or higher. However, these 1990 census data obscure an underlying trend. The small educational edge that men still held over women in 1990 could be attributed to higher levels of education among the older segments of Kentucky's population. Indeed, reversal of the male dominance of college enrollment and graduation rates was already well underway among younger Kentuckians. A closer look at the educational attainment of young adults reveals that college women are outperforming men on several key educational indicators.

We begin to see the reversal in educational attainment levels of men and women on closer inspection of the 1990 census data. Figure 15 reveals the educational attainment of Kentucky men and women across various age groups. Between the ages of 35 and 74, men hold a definite edge over women in level of educational attainment. In the 25 to 34 age group, an identical percentage of men and women (15.5 percent) report having earned a bachelor's degree or higher. But in the youngest group, age 18 to 24, more women than men have earned a bachelor's degree or higher (6.1 percent vs. 4.5 percent).

¹²⁴ U.S. Bureau of the Census, *1990 Census of Population and Housing* (Washington, DC: Government Printing Office, 1990).

FIGURE 15
Percentage of Kentucky Adults, Age 18 and Older,
with a Bachelor's Degree or Higher, by Gender, 1990



In 1997, the U.S. Bureau of the Census conducted a national survey that revealed that the higher education completion rates of women in the 25 to 29 age group had surpassed those of similarly aged men.¹²⁵ In this age group, 29 percent of women and 26 percent of men had earned a four-year degree or more. The survey design did not allow for each state's attainment data to be broken down by age group and gender. However, if present trends persist, the United States Census in the year 2000 should reveal that Kentucky women have surpassed men in educational attainment in both the 18 to 24 and 25 to 34 age groups.

High School Preparation and College Attendance Rates

The performance of recent high school graduates on standardized assessment tests also provides an interesting look at the academic skills and abilities of college-bound students. Figure 16 shows that males outscore females on the math and science reasoning sub-scales of the ACT college entrance assessment.¹²⁶ Moreover, males hold a slight edge over females on the overall composite score. On the other hand, females outperform males on the English and reading portions of the ACT assessment. This basic pattern of test results has been evident for a number of years.

Interestingly, the high school grades¹²⁷ earned by female and male graduates do not reflect the gender differences evident on the ACT assessment. Figure 17 shows that females report having earned higher grade point averages than males in English, math, social studies, science, reasoning, and overall.¹²⁸ The superior performance of females in English is consistent with their tendency to score relatively higher on the English portion of the ACT assessment. However, female high school graduates also report having earned higher grade point averages than males in math and natural sciences, two academic areas in which males earn relatively higher ACT scores.

¹²⁵ U.S. Bureau of the Census, Current Population Survey, March 1997, Educational Attainment of People 25 Years Old and Over, by Sex.

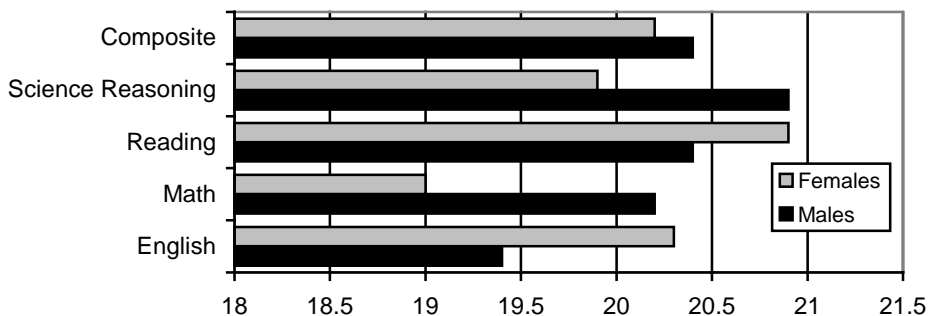
¹²⁶ American College Testing (ACT), *The High School Profile Report* (Iowa City, Iowa: Author, 1998).

¹²⁷ Students taking the ACT exam are asked to furnish information on the grades they achieved in high school in different subject areas. ACT's validation studies indicate that students accurately report these grades 85 percent or more of the time.

¹²⁸ ACT, *The High School Profile Report*.

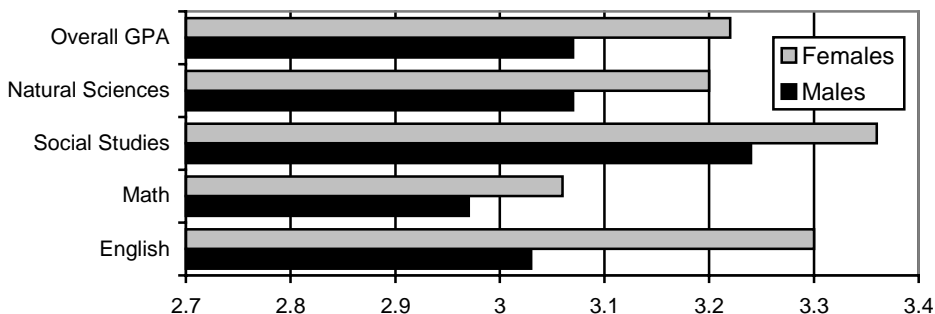
The reason for this pattern of findings is not entirely clear. One possible explanation is that females are more motivated than males to succeed academically and to become involved in school-sponsored extracurricular activities that integrate them into the fabric of high school life. Relative to male students, females may spend more time doing homework and studying for exams. In Kentucky, empirical data are not available to support this possible explanation. However, the U.S. Department of Education collected national survey data in 1992 revealing that female high school seniors were more likely than male seniors to report involvement in academic clubs, membership in honorary societies, work on the student newspaper or yearbook, and participation in student government.¹²⁹

FIGURE 16
Mean ACT Scores, by Gender, High School Class of 1998



Source: ACT, *The High School Report*, 1998

FIGURE 17
High School Academic Area Grade Averages, by Gender



Source: ACT, *The High School Profile Report*, 1998

An important indicator of educational attainment is the rate at which students enter college during the fall semester following their graduation from high school.¹³⁰ In recent years, educators

¹²⁹ U.S. Department of Education, "Participation of 10th and 12th graders in extracurricular activities, by selected student characteristics: 1990 and 1992," *Digest of Education Statistics 1997*, (Washington, DC: Government Printing Office, 1993).

¹³⁰ College-going rates are calculated by dividing the number of recent high school graduates enrolled in public universities, community colleges, and independent colleges during the fall semester by the total number of students who graduated from high school during the previous academic year. Students who attend out-of-state colleges are not included in this statistic. However, the Kentucky Department of education has estimated that approximately 6 percent of Kentucky's high school graduates attend out-of-state colleges each year. Consequently, the rates reported here are somewhat lower than they would

and policymakers in Kentucky have become increasingly concerned about the state's relatively low college-bound rates. A series of national surveys conducted by the Bureau of Labor Statistics found that college attendance rates remained at 62 percent from 1992 to 1995, and climbed to 65 percent in 1996.¹³¹ In Kentucky, the college-bound rate was 44 percent in 1993, rose to 45 percent the following year, and remained at 45 percent in 1995 and 1996.¹³² Factoring in the estimated 6 percent of students who attended out-of-state colleges only raises Kentucky's college-bound rate to around 51 percent.

An analysis of college-going rates by gender shows that females who recently graduated from high school attend college at significantly higher rates than males.¹³³ From 1993 to 1995, college-going rates for females ranged from 49 percent to 51 percent while men's college-going rates ranged from 39 percent to 40 percent. Thus, females' college-going rates were, on average, over 10 percentage points higher than for males during this three-year period. The National Center for Education Statistics has conducted studies showing that male high school students are more likely than females to enter the workforce after they graduate.¹³⁴ This scenario often occurs when the economy is strong. Male graduates are sometimes tempted to take jobs, such as construction workers or plumbers, that often pay relatively well, but require no postsecondary education.

Enrollment of Women in Higher Education

Recent trends in the enrollment of men and women in higher education are just beginning to be reflected in the educational attainment levels documented by the U.S. Census. For nearly two decades, the Kentucky Council on Postsecondary Education has maintained comprehensive records on enrollments and degrees conferred.¹³⁵ In 1981, the earliest year for which reliable data are available by degree level, women comprised over half of the undergraduate (54.0 percent) and graduate (60.6 percent) populations. Since that time, the relative proportion of women enrolled at both levels has continued to grow. In 1996, women comprised 58.5 percent of the students enrolled at the undergraduate level and 62.8 percent of the students at the graduate level.

Since records have been kept, men have constituted the clear majority of students only at the first-professional level (i.e., degree programs in medicine, dentistry, pharmacy, and law). In 1981, women accounted for a little over one fourth (27.9 percent) of the enrollments in first-professional programs. During the past decade, however, women increasingly enrolled in first-professional programs. By 1996, four out of every ten (40.3 percent) students enrolled in first-professional programs were women.

The Southern Regional Education Board (SREB) provides a thought-provoking set of comparisons on the enrollment of women and men in higher education.¹³⁶ SREB reports that in 1994 the proportion of women enrolled in undergraduate and graduate programs in Kentucky surpassed the proportion of women enrolled at those levels in the South and the nation (see Figure 18). Women constituted 58.8 percent of Kentucky's undergraduate population in 1994. On the other hand, women in the 15 states that comprise the SREB area accounted for 56.0 percent of the region's undergraduates. Across the United States, women comprised 55.5 percent of the

be if these colleges were included. College-going rates are reported for the four years from 1993 to 1996. Prior to 1993, data were not available for students who attended independent Kentucky colleges.

¹³¹ Bureau of Labor Statistics, Press Release, 1998.

¹³² Kentucky Council on Postsecondary Education, *The Status of Kentucky Postsecondary Education: Progress Toward Reform*, (Frankfort, KY: Author, 1998).

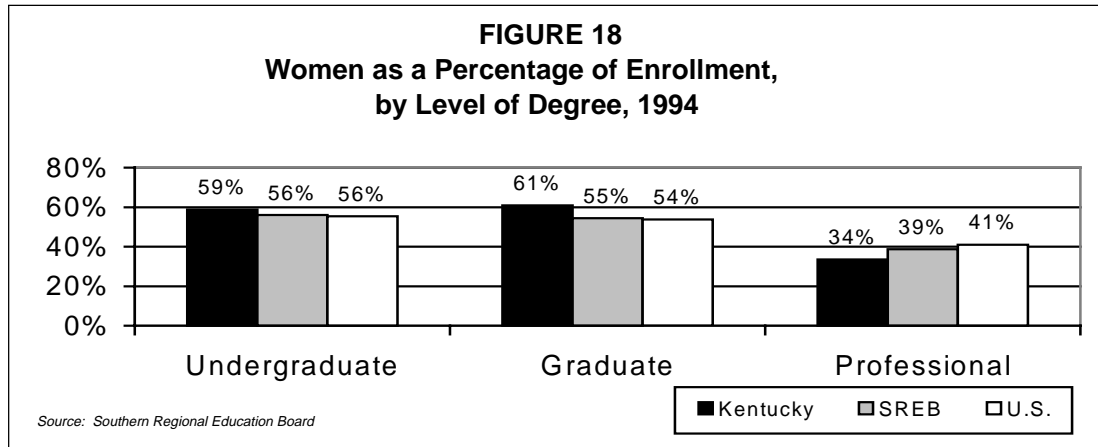
¹³³ Kentucky Council on Postsecondary Education's analysis of data from the Department of Education and the Comprehensive Database. Data broken down by gender for 1996 and 1997 were not available.

¹³⁴ National Center for Education Statistics, "Gender Differences in Earnings among Young Adults Entering the Labor Market," NCES 98-086 (1998).

¹³⁵ Kentucky Council on Postsecondary Education's Comprehensive Database.

¹³⁶ Southern Regional Education Board (SREB), "Enrollment of Women," *SREB Fact Book on Higher Education, 1996/97* (Atlanta: SREB, 1998).

undergraduate enrollment. Moreover, Kentucky women showed greater participation in graduate programs than women from both the SREB states and the nation as a whole. Figure 18 shows that 60.9 percent of the graduate students enrolled in Kentucky in 1994 were women. The comparable figures for the SREB states and the rest of the country were 54.5 percent and 53.8 percent, respectively. Kentucky women, however, trailed the South and the nation in their participation in first-professional programs, accounting for only 33.5 percent of students enrolled in first-professional programs in 1994. Women in the SREB states and nation comprised significantly larger proportions of students in the first-professional programs (38.8 percent and 41.0 percent, respectively).



Progress Toward a Degree

The Council on Postsecondary Education has been tracking baccalaureate graduation rates for the past six years. Graduation rates reflect the percentage of full-time, degree-seeking freshmen who graduate from a public Kentucky university during the six years following their entrance into higher education. Students in the 1991 bachelor's degree cohort, the most recent group studied, showed graduation rates ranging from 24 percent to 48 percent across the eight public universities. The system-wide graduation rate for the 1991 cohort was 36 percent. Kentucky's baccalaureate graduation rates have steadily declined since the initial cohort (1987) was tracked. This trend parallels a fall in graduation rates at the national level. In 1997, a national survey conducted by American College Testing¹³⁷ found that 44.2 percent of the students attending public four-year institutions and 52.8 percent of students attending all four-year institutions graduated within five years. ACT's survey results revealed that the five-year graduation rate fell to an all-time low for the second year in a row and the 11th time in the last 13 years. Kentucky's graduation rates mirror these disturbing national trends. However, it should be noted that a significantly greater percentage of U.S. baccalaureate students graduate in less time than that taken by similar students at Kentucky's public universities.

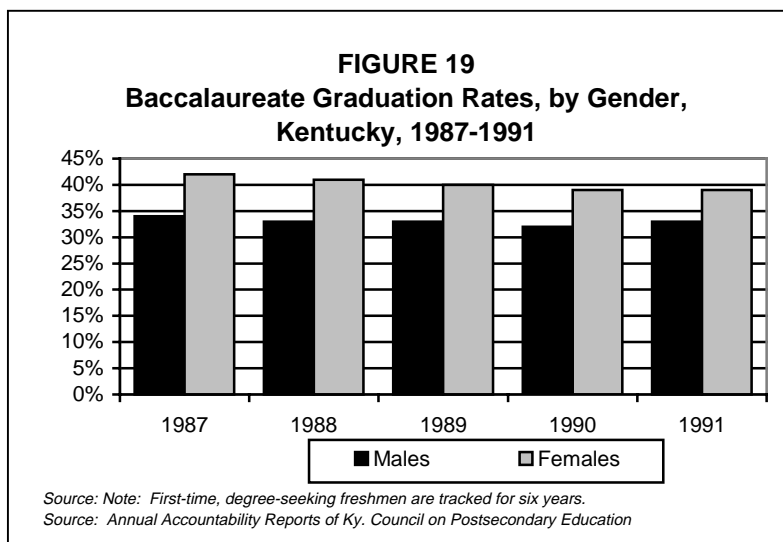
Research shows that women in Kentucky¹³⁸ and across the nation¹³⁹ graduate at significantly higher rates than men. Figure 19 depicts a series of six-year graduation rates by gender for the state's public university students. Graduation rates for women ranged from 39 percent to 43 percent over the past five freshmen cohorts. On the other hand, men's graduation rates ranged from 32

¹³⁷ ACT, "National College Dropout and Graduation Rates, 1997," Press Release (1998).

¹³⁸ Kentucky Council on Postsecondary Education, Annual Accountability Reports 1993–1998, Frankfort, KY.

¹³⁹ National Center for Education Statistics, *1990 Beginning Postsecondary Students Longitudinal Study, Second Follow-up* (BPS:90/4) (Washington, DC: U.S. Department of Education, 1990).

percent to 34 percent. Thus, women's graduation rates are, on average, nearly eight percentage points higher than those of men.



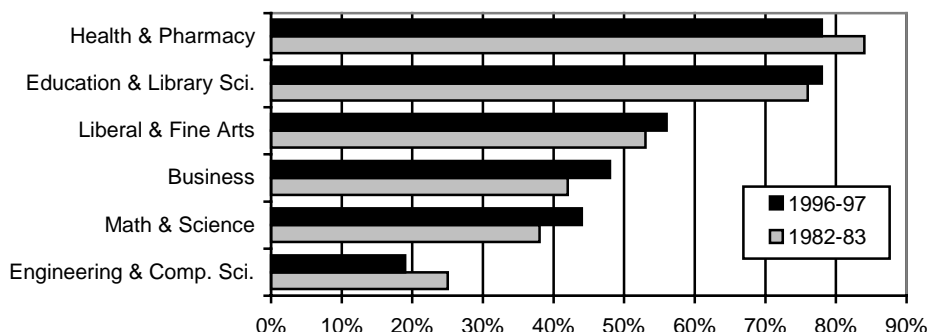
Degrees Conferred

Women have earned the majority of degrees awarded by Kentucky's public universities and community colleges since the Council on Postsecondary Education began keeping detailed records.¹⁴⁰ Women received 54.9 percent of the degrees awarded in 1982-83 and 60.0 percent of the degrees awarded in 1996-97. Women earned the majority of associate degrees (72.1 percent), bachelor's degrees (55.6 percent), and master's degrees (63.0 percent) conferred in 1996-97. On the other hand, women earned only about one third (35.3 percent) of the doctorates and less than half (41.7 percent) of the first-professional degrees in 1996-97.

Figure 20 compares the percent of bachelor's degrees awarded to women by academic area for 1982-83 and 1996-97. For nearly 15 years, women have earned about three quarters of the bachelor's degrees conferred in the areas of "health and pharmacy" and "education and library science." Women also have earned the majority of bachelor's degrees conferred in the "liberal and fine arts." However, despite gains made in recent years, women still earn less than half of the bachelor's degrees awarded in "business" and "math and science." Finally, women earn only one fifth of the degrees awarded in "engineering and computer science." Unfortunately, the percentage of women who earned bachelor's degrees in engineering and computer science during this period declined 6 percentage points, from 25 percent in 1982-83 to 19 percent in 1996-97.

¹⁴⁰ Information for this analysis of degrees conferred is from the Comprehensive Database.

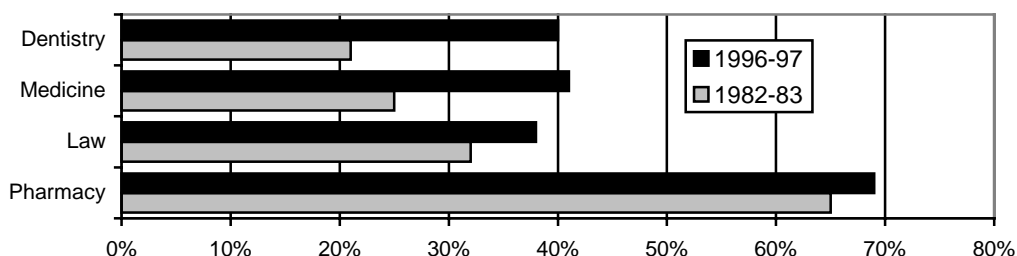
FIGURE 20
Percent of Bachelor's Degrees Awarded to Women,
by Academic Area, Kentucky, 1982-83 and 1996-97



Source: Council on Postsecondary Education Comprehensive Database

During the past decade, women have made significant headway in their efforts to earn first-professional degrees. Also clear is that women still have a long way to go in achieving parity with men in this area. Figure 21 shows the percent of first-professional degrees awarded to women in 1982-83 and 1996-97. Pharmacy is the only first-professional degree program in which women earned the majority of the degrees conferred. Women earned about two thirds of the Pharm.D. degrees awarded in 1982-83 and 1996-97. Since the early 1980s, women pursuing advanced degrees in dentistry and medicine have made great progress. About four of every ten degrees conferred in dentistry and medicine were earned by women during the 1996-97 academic year. Thus, the percentage of first-professional degrees in dentistry earned by women has nearly doubled since 1982-83, and the percentage of medical degrees awarded to women has increased by 16 points. Finally, the percentage of law degrees awarded to women has shown modest growth over the past 14 years, increasing from 32 percent in 1982-83 to 38 percent in 1996-97.

FIGURE 21
Percent of First-Professional Degrees Awarded to Women,
by Academic Area, Kentucky, 1982-83 and 1996-97



Source: Council on Postsecondary Education Comprehensive Database

Conclusions

Today, women in Kentucky are more likely than men to take advantage of the educational opportunities available to them. On several academic indicators, young women, in particular, are performing at significantly higher levels than young men. The academic accomplishments of Kentucky women include the following:

- ❑ Female students earn better grades than male students in high school.
- ❑ Compared to male students, female high school students are more likely to attend college following their graduation.
- ❑ Women comprise the majority of students at both the undergraduate and graduate levels.
- ❑ The baccalaureate graduation rates of women are significantly higher than they are for men.
- ❑ Women earn the majority of associate degrees, bachelor's degrees, and master's degrees awarded annually.

While Kentucky women are outperforming men on a number of key educational indicators, it is important to place many of these accomplishments within the context of national norms. Kentucky's high school graduates of both genders attend college at rates that are significantly below the national average. In addition, the baccalaureate graduation rates of men and women in Kentucky are also well below the rates for students in other states. Quite simply, more Kentuckians need to enroll in postsecondary institutions, and they need to persist until they earn a college degree.

It is encouraging to find many older women taking advantage of a variety of postsecondary educational opportunities in the Commonwealth. In fall 1997, one out of every four students enrolled at a public university or community college in Kentucky was a women over the age of 24. Many older women who attend college have their own special challenges. In her monograph on women in higher education, Linda Knopp, a research analyst at the American Council on Education, summarizes the results of a few small-scale studies that focus on the concerns of older women.¹⁴¹ She cites research showing that nontraditional female undergraduates find their studies interrupted more often than male students. Moreover, female graduate students returning to college are concerned about balancing job and family responsibilities with their academic schedules; financing the soaring costs of higher education; feeling guilty about not attending to the needs of their spouses and children; and internalizing strong expectations to perform at a high level academically. Colleges and universities are just beginning to accommodate the needs of this special population. Clearly, postsecondary institutions could better assist older female students by expanding on-campus day-care programs, establishing accessible counseling for academic and psychological problems, and offering an array of courses in the evenings.

Women clearly need to make progress in a couple of areas. Female students in Kentucky now earn only about one third of the Ph.Ds and less than half of the first-professional degrees awarded each year. In general, the degrees earned by women are primarily in fields that traditionally have been dominated by women, such as education and nursing. These factors account, in part, for the discrepancies in salaries paid to women and men. Few people would argue that women often face many formidable barriers of discrimination in the workplace. But is also clear that women can advance their economic power and status in the community by pursuing advanced degrees in disciplines that have been traditionally sought after by men.

If present trends continue, women in Kentucky and across the nation will be better educated than men within the next few decades. Nationally, women are expected to earn 57 percent of the bachelor's degrees awarded in the United States in 1999, compared with 43 percent in 1970 and 24

¹⁴¹ Linda Knopp, *Women in Higher Education Today: A Mid-1990s Profile*, American Council on Education, Research Brief, 6:5, 1995.

percent in 1950.¹⁴² By the year 2008, the U.S. Department of Education predicts that women will outnumber men in *undergraduate and graduate degree programs* by 9.2 million to 6.9 million.¹⁴³ As the country moves towards an information- and service-based economy, it is interesting to speculate whether women's educational advantages will result in more women being promoted to positions of leadership within both the public and private sectors. Will attitudes about women's role in society evolve in a manner that is congruent with the educational edge that women may soon gain over men? Or will new barriers spring up that prevent women from securing an equal footing with men in top management positions?

The emerging gender gap in education may portend closure of the gender wage gap and create a new economic paradigm, one that could compel a new social order. As *U.S. News & World Report* reporter Brendan I. Koerner speculates, "If college degrees remain an entree to wealth and status in the 21st century, males may have to get used to the same second-class status that American women so long endured, as highly educated females become the majority among the nation's intellectual, economic, and even power elite."¹⁴⁴ Conversely, if women continue to eschew technical fields such as engineering and computer science, their superior educations may be an insufficient force for wage equity, much less improved status. And if separate, male-dominated, fast-track training options continue to emerge, women may be taking the slow road to higher wages while accumulating higher debt.¹⁴⁵ Ultimately, however, the earnings differential between high school and college graduates that has persisted for decades, though small for college-educated women and high school-educated men, likely portends higher earnings and higher status for women in the years to come.

¹⁴² U.S. Department of Education as cited by Brendan I. Koerner, "Where the Boys Aren't," *U.S. News and World Report* 8 Feb. 1999: 47-55.

¹⁴³ U.S. Dept. of Education in Koerner.

¹⁴⁴ Koerner 55.

¹⁴⁵ Koerner 54.

Welfare Reform and Kentucky Women

By Lorraine Garkovich and Julie N. Zimmerman
University of Kentucky

Welfare reform represents one of the most significant redefinitions of the relationship between citizens and government in the last half century. The social safety net that had supported thousands of women and their children has been fundamentally altered. The authors consider the consequences of welfare reform for Kentucky women and their families as well as policy initiatives state government has adopted to assist Kentuckians in this transition. The chapter first examines the context of dependence on the social safety net in Kentucky based on women's overall economic status and place of residence, considers key changes in the welfare system and assumptions underlying those changes, and evaluates the implications. The chapter concludes with policy recommendations to mitigate problems and maximize opportunities in welfare reform.

Kentucky Women's Economic Status

At one time, a woman's economic status was defined by that of her father or her husband. Women spent few, if any, years outside the parental or marital home. But since mid-century, significant changes in marriage and divorce patterns have made it more and more likely that a woman either makes substantive contributions to the household income or provides the primary source of income for her and her children. A growing proportion of women never marry, and those who do marry do so later in life and are more likely to get a divorce. Women have entered the labor force in increasing numbers;¹⁴⁶ in 1990, 51.2 percent of Kentucky women age 16 and older were in the labor force compared with 35.9 percent in 1970.¹⁴⁷ In 1992, women owned an estimated 31.4 percent of all businesses in Kentucky.¹⁴⁸

Today, it is more likely than ever before that women will have primary responsibility for their economic status and that of their children. Nearly one in four Kentucky children live with a single parent, and nearly one in seven children live in households with no adult (21+ years of age) male present. Single-mother families account for 15 out of every 100 Kentucky families, and over half of them have children under 18.¹⁴⁹ When a divorce occurs in families with children, women are most likely to become the custodial parent. Yet only 4 in 10 of Kentucky's children of divorce receive child support, compounding the likelihood that the mother becomes the primary if not the sole source of economic support for the family.

Given the increasing likelihood that a woman must bear primary financial responsibility for herself and her children, her prospects for employment and earnings have become central to the well-being of women and children. In 1990, half of Kentucky women age 16 and older (51.2 percent) and 7 out of 10 men (70.8 percent) were in the labor force; women represented 40 percent of all workers in Kentucky. While most Kentuckians work full time (35+ hours), year round (50-52 weeks), men are more likely than women to be full-time, year-round workers.¹⁵⁰ Thus, the earning power of employed women in the Commonwealth is substantially less than that of men. In 1990, average hourly earnings of all women employed in Kentucky

¹⁴⁶ Howard V. Hayghe, "Developments in Women's Labor Force Participation," *Monthly Labor Review* Sept. 1997: 41-46.

¹⁴⁷ U.S. Bureau of the Census, *Census of Population 1990 Social and Economic Characteristics, Kentucky* (Washington, DC: Economics and Statistics Administration, U.S. Department of Commerce, 1993).

¹⁴⁸ U.S. Bureau of the Census, 1990.

¹⁴⁹ U.S. Bureau of the Census, 1990.

¹⁵⁰ U.S. Bureau of the Census, 1990.

was \$8.25 compared with \$12.80 for men. This earnings gap exists regardless of the worker's education or type of employment. For example, hourly earnings of women who worked as textile cutting machine operators in 1990 was \$6.13 compared with \$10.18 for men. Even occupations that have traditionally been filled by women have an earnings gap. For example, female secretaries earned \$7.69 an hour on average in 1990, while male secretaries earned \$12.31 an hour; and female registered nurses earned \$13.04 an hour while men in the same job earned \$15.27 an hour.¹⁵¹

The confluence of these circumstances—the increased likelihood of being a sole provider and working part time and earning less than a man—has had significant consequences for women's economic status, in particular the likelihood that they will live in poverty. Evidence of the diminished economic status of women includes:

- ❑ While one quarter of all Kentucky families in 1990 had annual incomes under \$15,000, more than one half of female-headed households fell below that level.¹⁵²
- ❑ The median income of Kentucky families headed by women with children under the age of 18 in 1990 was \$8,731 or only one fourth the income of married couple families with children under the age of 18.¹⁵³
- ❑ Kentucky families headed by single mothers in 1990 were three times more likely than all families to be in poverty and more than three times as likely as married couple families. Two thirds of single-mother families with children under the age of six are in poverty.¹⁵⁴
- ❑ One in ten single mothers who work in year-round, full-time jobs live in poverty, and nearly one third of single mothers who are high school graduates live in poverty.

Differences in employment and earnings opportunities between rural and urban places further compound earnings inequalities for women and have important consequences for the likelihood that rural women and their families will be in poverty. Rural women consistently face greater limitations than their urban sisters. Reflecting rural economies' larger share of low-wage industries, a higher proportion of rural workers earn between \$4.25 and \$5.14 an hour than do urban workers. The majority of rural minimum wage workers are adult (age 20 and older) single women who work full-time, 20 to 35 hours a week. Overall, rural earnings are lower than urban. Finally, rural unemployment rates tend to be higher than urban rates, and rural workers are more likely than urban workers to seek work in a job market characterized by part-time and seasonal employment.¹⁵⁵

Poverty rates are also substantially higher in rural than urban areas. Six out of ten poor Kentuckians live in rural areas. Sixty Kentucky counties had 1993 poverty rates of 20 percent or more (the state average is 19.3 percent), and all but one of these counties (Carter) are rural. Twenty-four of these counties have poverty rates of 30 percent or more, and all of these are rural.¹⁵⁶ The poverty rate for rural (nonmetropolitan) families headed by a single mother with children under the age of six is 73.2 percent compared to 63.1 percent for this type of family in urban (metropolitan) places. The poverty rate for rural families headed by a single mother with children under the age of 18 is 58.1 percent compared to 46.1 percent for this type of family in urban places.¹⁵⁷

As women have lower earnings potential than men, especially in rural areas, and are more likely to be sole providers for their dependent children, they and their children face higher rates of poverty and are more likely to rely on public assistance. February 19, 1998, data from the Kentucky Transitional Assistance Program or K-TAP, Kentucky's central program under welfare reform, illustrate this point.¹⁵⁸

- ❑ 87.9 percent of all adult recipients are women.

¹⁵¹ U.S. Bureau of the Census, 1990.

¹⁵² U.S. Bureau of the Census, 1990.

¹⁵³ U.S. Bureau of the Census, 1990.

¹⁵⁴ U.S. Bureau of the Census, 1990.

¹⁵⁵ Peggy Cook and Elizabeth Dagata, "Welfare Reform Legislation Poses Opportunities and Challenges for Rural America," *Rural Conditions and Trends* 8:1 (1997): 32-41.

¹⁵⁶ Kentucky Population Research, Kentucky State Data Center, online (<http://www.louisville.edu/cbpa/kpr>) Internet (1998).

¹⁵⁷ U.S. Bureau of the Census, 1990.

¹⁵⁸ Cabinet for Families and Children, *Statewide Data Book* (Frankfort, KY: Author, 1997).

- ❑ 69.4 percent of all recipients are children under the age of 18.
- ❑ 73.6 percent of all recipient cases are single-parent families.

The economic status of Kentucky women, particularly the likelihood that they live in poverty, means that welfare reform looms large in their future. This is the case not only for women currently on public assistance but also for those who may come to need this assistance. The following section examines key aspects of the 1996 Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA), and how they have altered the social safety net.

Assessing Welfare Reform

In 1996, President Clinton signed the welfare reform legislation passed by Congress that effectively redefined the U.S. social safety net. Figure 22 provides highlights of the major changes wrought by this legislation. Among these changes, some key provisions will have significant consequences for Kentucky women and their dependent children. In particular, the requirements for work or work-related activities as a condition for continued eligibility for assistance, sanctioning recipients for failure to meet program work and other requirements, and the 60-month lifetime limit on eligibility for assistance will determine the future economic status for many Kentucky women.

FIGURE 22

Key Provisions of National Welfare Reform Legislation

- ❑ By the year 2000, one half of all single parents and 90 percent of all two-parent families must be working at least 20 hours a week or be participating in an approved work program to be eligible for assistance.
- ❑ Unmarried teens under the age of 18 whose youngest child is at least 12 weeks old must attend school and must live with a parent or in a state-approved, adult-supervised setting to be eligible for assistance.
- ❑ Federal funds can be used to provide a *total of only* 60 months of welfare assistance.
- ❑ No longer does any federal program provide cash general assistance or emergency assistance.
- ❑ Able-bodied, childless adults age 18 to 54 will be eligible to receive food stamps for a total of three months in any 3-year period unless they are working 20 hours a week. If such individuals lose their jobs, an additional three months of food stamps will be allowed once in a three-year period.
- ❑ A total of six months of food stamps while unemployed during a 36-month period is the maximum allowed for single adults.
- ❑ Families with children who spend more than half their income for housing will no longer be able to consider excess housing costs in calculating the amount of food stamps.
- ❑ A new disability standard for Supplemental Security Income (SSI) is established. Children considered disabled because of maladaptive behavior and adults deemed disabled due to substance abuse will no longer be eligible for SSI.
- ❑ A total of \$20 billion in both entitled and discretionary funding for child care services is established. Each state will receive a capped amount to fund child care services.
- ❑ States must continue to provide Medicaid to families that would have qualified under old AFDC guidelines. Transitional medical assistance will be available for one year to those losing cash assistance due to earnings from employment and/or child support.
- ❑ States are granted greater power and discretion in exercising sanctions, including the ending of any assistance, against recipients who fail to comply with the actions listed in their "personal responsibility" contract or other requirements imposed by the states.
- ❑ Federal funding to the states is capped at 1994 levels.

Whether Kentucky women who need to turn to public assistance will be able to make a successful transition from welfare to work and achieve economic independence depends on the validity of four assump-

tions about the nature of the labor market that have strongly influenced the expectations for employment and economic independence on the part of recipients:

1. All adult welfare recipients have the skills and experience to enter the labor force.
2. There are enough jobs to absorb the influx of welfare recipients and, if not enough jobs are currently available, a sufficient number of new jobs will be created by a growing economy within the 60-month lifetime limit for welfare recipients.
3. The jobs available to welfare recipients will pay enough to prohibit their needing further public assistance.
4. Absent sufficient earnings, the private sector (in particular charitable organizations, family, and friends) will bridge the gap between earnings and financial needs.

An assessment of these assumptions provides some insights into the implications of welfare reform for Kentucky women. Since residence has an important influence on work opportunities and wages, this assessment examines rural and urban differences in Kentucky women's economic situation.

Assumption Number 1. *All adult welfare recipients have the skills and experience to enter the labor force.* Work readiness reflects an individual's education as well as his or her work experience. While women are more likely than men to have a high school degree, men historically have been more likely to go on to college and complete a bachelor's degree. In addition, education is inversely related to the likelihood of living in poverty—nationally, the less education, the greater the likelihood of poverty.¹⁵⁹ In Kentucky, however, even those with a high school degree or more face a substantial risk of living in poverty. In 1990, one in twenty married-couple families headed by a person with at least a high school degree lived in poverty, and three in ten families headed by a single mother with at least a high school degree were in poverty.¹⁶⁰ Consequently, many welfare recipients lack the educational resources and work experience to make them attractive to potential employers. Among K-TAP recipients, 45.3 percent do not have a high school degree or its equivalent, and 54.4 percent have at least a high school degree but not a college degree.¹⁶¹ While more formal education is a protection against the risk of poverty, it is more effective for men than for women, and more effective for whites than for nonwhites.

Work readiness is also about prior work experience, and once again women tend to be less likely to have this resource. In 1990, for example, 65.0 percent of women age 16 and older were employed 35 hours a week for 50 weeks a year, compared with 72.6 percent of men. For some women, early child bearing has limited their time in the labor force, while others have had work experience but in jobs that offer few opportunities for skill development and advancement. Among K-TAP recipients, urban dwellers are more likely than rural ones either to be employed or have a work history (75.0 percent vs. 73.5 percent).¹⁶² In Kentucky, opportunities to find a job are often as much a reflection of the number and types of employment opportunities in a community as they are of an individual's desire or intention to work.

Despite these limitations in work readiness, the requirements for work participation and time limits on training mean welfare reform does not encourage recipients to invest in anything other than short-term training. For example, only education directly related to employment counts as meeting the work requirements. This only includes "vocational education training; job skills training directly related to employment; education directly related to employment, in the case of a recipient who has not received a high school diploma or a certificate of high school equivalency; or satisfactory attendance at secondary school or in a course of study leading to a certificate of general equivalence."¹⁶³ Recipients of Temporary Assistance to Needy Families (TANF) seeking further education beyond that directly related to immediate employment,

¹⁵⁹ U.S. Bureau of the Census, "More Education Means Higher Career Earnings," *Statistical Brief* (SB/94-17) Aug. 1994 and "Education: the Ticket to Higher Earnings," *Statistical Brief* (SB/93-7) April 1993.

¹⁶⁰ U.S. Bureau of the Census, 1990.

¹⁶¹ Cabinet for Families & Children.

¹⁶² Cabinet for Families & Children.

¹⁶³ Department of Health and Human Services, "Notice of Proposed Rule Making: Temporary Assistance for Needy Families," Department of Health and Human Services, Administration for Children and Families, Washington, DC.

must meet the work participation requirements of 20 hours/week in addition to going to school.¹⁶⁴ Moreover, as included in Section 271.33, “Vocational educational training may only count for a total of 12 months for any individual,” and “In counting individuals for each participation rate, not more than 30 percent of individuals engaged in work may be included because they are participating [in vocational educational training].”

Yet the evidence of the economic benefits of continued education is unequivocal. A 1994 Census report illustrates this point.

- ❑ In 1992, a worker with only a high school degree earned nearly \$6,000 more than one without a high school degree (\$18,737 vs. \$12,809).
- ❑ A college graduate earned \$14,000 more than a high school graduate (\$32,629 vs. \$18,737).

And the income returns from education are increasing. For example, while 1992 high school graduates earned 2.5 times more than their 1975 counterparts, 1992 college graduates earned three times more than their 1975 counterparts.

The work requirements of welfare reform will make it even more difficult for rural women who begin with an educational disadvantage to gain the schooling essential for finding a job that pays enough to meet their cost of living. For example, workers in rural areas must travel greater distances over more varied types of terrain to reach educational and work opportunities as well as child care. While in some cases, TANF participants may indeed be able to secure employment at the same site as the educational institution, many will not. Consequently, in rural areas, increased travel times in addition to the work requirements could discourage recipients from seeking further schooling. Thus, TANF participants in rural areas will not be able to get the educational services and training that could keep them from needing public assistance. Anecdotal evidence suggests this is already occurring, as community colleges across Kentucky report adult women dropping out of school.¹⁶⁵ The limited opportunities for training or education provided for in the welfare reform legislation almost inevitably confine women to low- or minimum-wage jobs with incomes at or below the poverty threshold, and ensure they will need continued assistance.

Assumption Number 2. *There are enough jobs to absorb the influx of welfare recipients, and if enough jobs are not currently available, a sufficient number of new jobs will be created by a growing economy within the 60-month lifetime limit for welfare recipients.* Nationally, unemployment rates are at or near the lowest levels in years. In many urban areas, the want ads are extensive, and employers desperately search for workers. Unfortunately, the same cannot be said for many rural communities, especially in the South. Low state unemployment levels mask tremendous regional differences. There are spatial inequalities in the distribution of job opportunities that place rural communities and the welfare recipients who live in them at a disadvantage in meeting federal mandates. In addition to spatial differences in employment opportunities, the Joint Center for Poverty Research¹⁶⁶ notes significant differences in unemployment among differently skilled workers. Less skilled workers always have much higher rates of unemployment than the aggregate rate.

This is especially true for women, who find a much less diverse labor market awaiting them—less diversity in types of jobs and employing firms—and the characteristics of the rural labor market exacerbate these differences.

- ❑ In 1990, seven of ten women workers in Kentucky found employment in four types of occupations (professional specialties, 15.3 percent; administrative support, 25.3 percent; “other” service workers, 17.2 percent; and sales, 12.8 percent). Kentucky had the highest percentage of women employed in service occupations in the South and the lowest proportion of women employed as machine operators.¹⁶⁷

¹⁶⁴ U.S. Dept. Health & Human Services.

¹⁶⁵ “Cost of Abandoning Welfare for Work Can Be a Better Life,” *Lexington Herald-Leader* 25 June 1998.

¹⁶⁶ Rebecca Blank, “Good Jobs, Good Training and Effective Families: What More Do We Need?” Joint Center for Poverty Research, Policy Briefing, Washington, DC, online, Center home page (<http://www.jcpr.org.whatjobs.html>), Internet, 26 Aug. 1998.

¹⁶⁷ U.S. Bureau of the Census, 1990.

- ❑ Three industrial sectors—retail trade (20.8 percent), health services (14.8 percent), and educational services (13.2 percent)—employed nearly one half of all women workers in Kentucky.¹⁶⁸

The concentration of women workers in a limited number of types of occupations and employing industries is consequential for their potential earnings. In general, the occupations and industries that have a large proportion of women workers tend to have lower wages, a higher proportion of part-time workers, and fewer benefits than do those occupations and industries that employ larger proportions of men.

Assumption Number 3. *The jobs available to welfare recipients will pay enough to prohibit their needing further public assistance.* This assumption is perhaps the linchpin of welfare reform. Moving from

welfare to work can only succeed if the work pays enough to end a recipient's dependence on welfare. For many Kentucky women, this means they must find employment that pays them enough to meet the cost of living for themselves and their dependent children. The wage necessary to enable a household to meet its minimum monthly expenses is a "livable wage." Thus, to determine the prospects for women currently receiving welfare to be able to obtain employment that pays enough to eliminate their need to rely on public assistance, we must first determine what level of income would be required for an employed mother with two children to meet her monthly bills in rural and urban Kentucky without relying on government assistance.

TABLE 13 Minimum Monthly Costs for a Single Mother with Two Dependents		
Budget Item	Louisville^a	Rural^b
Rental Housing	\$475	\$358
Food*	\$395	\$364
Utilities*	\$ 86	\$145
Child Care	\$494	\$336
4 year old	\$322	\$226
6 year old	\$172	\$110
Public Transportation	\$ 44	-----
Car Care, Gasoline, Auto Insurance	-----	\$184
Household, Personal Care Items, and Clothing*	\$208	\$197
Health Costs	\$373	-----
Health Care Items	-----	\$ 59
Total Monthly Expenses	\$2,075	\$1,768
Hourly Wage Required	\$12.45	\$10.61

Methods of estimating these costs differed. See Appendices 1 and 2.

^a The Kentucky Youth Advocates estimate assumes that the employer did not provide health care coverage and that the family purchased its own standard health insurance plan. The estimate further assumes that the mother does not have an automobile or telephone. The net hourly wage is the amount necessary after federal, state, and local taxes are withheld.

^b The University of Kentucky, Rural Sociology Program estimate for rural communities assumes that the employer does not provide health care coverage and that the family does not purchase any health insurance plan. The estimate further assumes that the mother owns a 10-year old car that is used to travel 2,000 miles a month. The net hourly wage is the amount necessary after OASDI and Medicare taxes only have been deducted. Other federal, state, and local taxes to be withheld are not included in this estimate of net hourly wage.

What is a monthly cost of living? Typically this includes the costs for housing and utilities, food, child care, transportation, and basic household and personal care items, but omits costs for things such as entertainment, birthday or other gifts, toys, tobacco products, or alcohol. While a monthly cost of living is often calculated for large urban areas, estimates for rural places are far less common. Instead, it is assumed that there are few significant differences in the monthly cost of living between urban and rural areas or that rural costs are lower than in urban areas.

Local costs of living, however, vary by geographic area. For example, the cost of food is generally higher in rural areas. This higher cost is due to increased transportation costs and the inability of smaller rural retailers to gain cost advantages from high-volume wholesale purchases.¹⁶⁹ Transportation costs are also not directly comparable between urban and rural areas. In urban areas, public transportation is available not only for getting to work, but also for doing grocery shopping and other trips. By contrast, public

¹⁶⁸ U.S. Bureau of the Census, 1990.

¹⁶⁹ Phil Kaufman and Steven M. Lutz, "Competing Forces Affect Food Prices for Low-Income Households," *Food Review* May-Aug.: 8-12.

transportation is a rarity in rural areas (see, for example, Federal Transportation Administration, 1994). The only way for an individual to get around is by personal transportation, either owning a vehicle or sharing a ride with someone who does.

Two approaches have been used to determine the monthly cost of living. Kentucky Youth Advocates has developed a monthly cost of living estimate for Louisville¹⁷⁰ which can be considered representative of urban areas in Kentucky. To determine the monthly cost of living in rural Kentucky, estimates were developed by the Rural Sociology Program, University of Kentucky¹⁷¹ for seven rural counties. Three of

¹⁷⁰ The Kentucky Youth Advocates basic needs budget for a family of three living in Louisville/Jefferson County, Kentucky, assumes that a single mother has two children, one child under the age of four, and one child over the age of six. The scenario assumes that the employer did *not* provide health care coverage and that the family buys monthly health insurance coverage. This scenario also assumes that the mother does *not* have an automobile or telephone. The net hourly wage of \$12.45 is the amount necessary *after* federal, state, and local taxes are withheld. *Housing* costs are from the Housing Authority of Louisville for a two-bedroom apartment. *Utility* costs represent the Housing Authority of Louisville's estimate of monthly utility costs. *Food* costs are from the U.S. Department of Agriculture guideline for a family of three. *Child care* cost estimates for a child under the age of 4 come from the Community Coordinated Child Care calculation that the average child care cost in Louisville for a child who is preschool age is \$75 per week. The cost estimate for a child over the age of six is the actual cost of YMCA/Jefferson County Public Schools after school care program. *Clothing* costs are an estimate from the American Red Cross ACCEPT program. *Public transportation* costs are based on the actual TARC rate during working hours (peak time) which is \$1 and assumes 50 trips a month. *Personal care items* costs were estimated by Kentucky Youth Advocates as follows: Laundry (6 loads per week x .75 per wash, six loads per week x .75 per dry \$9 per week x 4.3 weeks per month=\$39); haircuts (one visit per month per person x \$8 = \$24); postage (12 stamps per month x .32 cents = \$4); bank fees at \$10 per month; and toiletries (soaps, detergents, paper products, and personal care items = \$23) *Health care* is the cost of a standard family health insurance policy from Humana Health Care Plans.

¹⁷¹ The UK study of rural cost of living is based on a sample of seven rural counties for which local data were obtained on the costs associated with items such as housing, utilities, child care, gasoline, and car insurance. In a very few instances where local data were not available, reasonable estimates or, more commonly, individual data from the 1994-1995 Consumer Expenditure Survey for the Southern region, minimum wage-income group were used. The scenario assumes a single mother has two children, one under the age of four and one over the age of six. This scenario assumes that the family does not have an out-of-pocket cost for monthly health insurance premiums. The net hourly wage of \$10.65 is the amount necessary *before* federal and state income taxes and local occupational taxes are withheld. *Housing* costs were calculated using the "fair market value" cost used in the calculation of rent subsidies for Section 8 housing. It includes both the median contract gross rent in the county as well as a utility allowance, which ranges from \$92 to \$108 for these counties. Information was provided by local Housing Authority, local HUD office, or local Social Services Office. Using this method, rent estimates varied from \$325 to \$400 a month in each of the seven sample counties, resulting in an average rent cost of \$358.29 a month. It should be noted that a recent report indicated that "two of every five rural welfare households pay more for their housing than the federal standard 30 percent of income . . . fully 16 percent of rural welfare household's homes are shared by two or more families" (Housing Assistance Council, 1997). *Utilities and phone service* costs were gathered for each county for a "standard housing unit and household composition" (i.e., 1,000 kwh of electricity for a 900 sq. ft. dwelling unit and 4,000 gallons of water for a family of three). Note that this estimated level of electricity and water usage is very low and would require considerable effort at minimizing use to achieve. In the "fair market value" rent estimate, a utility allowance was included. But given the characteristics of rural housing and variations in types of heating sources and levels of use, an over-allowance of \$30 per month for utilities was added to the monthly cost-of-living estimates. The cost information was provided by local electric and water companies as well as local Chambers of Commerce. To estimate the cost of phone service, the cost of only the most basic package for local telephone service was used. This did not include access to or use of long distance calling. The information was provided by the local Chamber of Commerce. *Transportation* costs for operation of a private automobile are included since access to reliable transportation is essential for successful entry into the job market and retention of employment. Information from the National Personal Transportation Survey (NPTS) as well as local gasoline prices and auto insurance estimates based on our hypothetical case were obtained (Department of Transportation, 1997). According to the NPTS, the average model year of a vehicle in the United States is 1987, and, on average, 11,826 miles are driven each year. The NPTS also estimates that trips to and from work constitute only the third most reported use of a car. Estimates for the monthly cost of gasoline were calculated using local gas prices and the average annual miles per year. Since no reliable local estimates were available to estimate car care expenses, we used the monthly average from the 1994-95 consumer expenditure survey for the South for the minimum-wage income group. While anecdotally the incidence of car insurance among low-income groups tends to be lower than that for other groups, this model assumes complete self-sufficiency, without being illegal. Therefore, the cost of minimal auto insurance had to be included in the estimates. Based on the average vehicle age from the NPTS, estimated travel to work based on the 1990 Census of Population and Housing, auto insurance estimates were obtained from a national insurance company. Since those with insurance are not required to carry coverage for uninsured or underinsured drivers in Kentucky, and since costs varied depending on whether the individual lived inside or outside of town, the average cost across these variables was calculated. Using this method, the costs for car insurance across the seven sample counties ranged from \$55 to \$84 a month. Combined with gasoline and repair and maintenance costs, this resulted in an estimated combined cost of \$174.33 per month for transportation. *Food* estimates of monthly food costs are based on the USDA Food and Consumer Service's "Cost of Food at Home Estimated for Food Plans at Four Cost Levels, September 1997, U.S. Average." Based on these data, monthly food costs were estimated for a 22-year-old mother of two children, 4 and 6 years old, adjusted by 5 percent for family size as indicated, and further adjusted by 4 percent for higher costs in rural areas (Kaufman and Lutz, 1997). Following this procedure, the estimated average monthly food costs were calculated to be \$363.64 for our hypothetical mother of two children. *Child care*: Since studies suggest that parents using informal arrangements often have

the counties are located in eastern Kentucky, two are in the central region, and one is in the far western part of the state. Of the seven, four counties are in the Appalachian region, and two are adjacent to a metropolitan area.

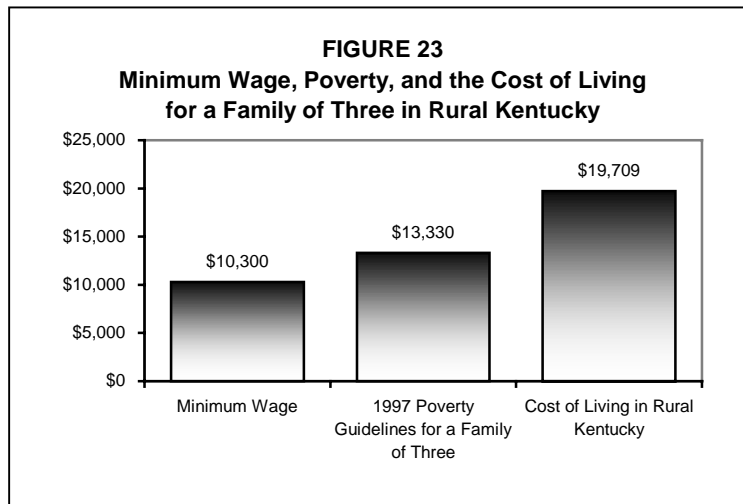
What are the minimum monthly expenses for an employed single mother with two children, age four and six? While the methodologies varied, Table 13 compares the urban and rural monthly costs of living for a mother with two dependent children. These estimates indicate that to live independently, a single mother with two children would need to earn between \$10.61 and \$12.45 an hour to pay her basic monthly bills as well as to pay OASDI (at 6.2 percent) and Medicare (at 1.45 percent) taxes, which are deducted regardless of income level.

Implications of the Monthly Cost-of-Living Budget in Rural Kentucky

The current welfare reform assumes independence from assistance within a maximum of 60 months. Employment, it is asserted, will result in self-sufficiency. But how likely is it that a woman in Kentucky will earn the wages necessary to meet these minimum monthly expenses? Most recipients of assistance have limited education, training, or work experience. To meet the new work requirements, many current

recipients will rely upon minimum wage jobs with limited opportunities to increase their education or training.

As illustrated in Figure 23, however, the earnings from a minimum wage job are not sufficient to bring a family of three above the poverty threshold or to meet the minimum monthly cost of living. In other words, the minimum wage is not a “livable wage.” In the 1960s, working at the minimum wage resulted in an annual income slightly above the poverty line.¹⁷² Today, however, a job at the current minimum wage



of \$5.15 for an average of 2,000 hours during the year (a full-time job) yields pretax earnings of just

difficulty maintaining reliable care, our estimate of monthly costs presumes a formal child-care arrangement. We use actual cost figures reported by child-care providers listed in the local telephone books or estimates provided by either a County Extension Office or a Chamber of Commerce. Across the seven sample counties, child care for younger children was consistently higher than that for older children. For a four-year-old, costs ranged from \$200 to \$260 a month. For a six-year-old child, costs varied more, ranging from a low of \$60 to a high of \$150 a month. In other words, on average, child care for two children of these ages equaled \$335.71 a month or 20.4 percent of monthly expenses. *Health Care:* While health care costs are generally not incurred regularly each month, an allotment for this expense was included in our monthly budget. To estimate the average monthly cost of health care, the average monthly expenditure from the 1994-95 Consumer Expenditure Survey, Southern Region, minimum wage income group was used. Within the health care category, only those expenditures for medical services, supplies, and pharmaceuticals were included. Since households with low incomes often do not have health insurance and insurance is not required to obtain health care services, we did not include these costs in our model. Following this procedure, on average, households spend \$59.08 a month on health care. *Household, Personal Care Items, and Clothing:* A set of essential purchases or services for family and household operation was included in the model. For example, laundry costs at a coin-operated facility would include five washer and dryer loads per week. Other items included paper products, household cleaning supplies, and personal care items. To estimate the cost of clothing and footwear, the average monthly expenditures from the 1994-95 Consumer Expenditure Survey, Southern Region, minimum wage-income group were used. Using this method, a single estimate for this category of expenditures of \$196.83 per month was used.

¹⁷² Leslie A. Whitener and Timothy S. Parker, “Minimum Wage Increase Could Raise Many Rural Workers’ Wages,” *Rural Development Perspectives* 11:3 (1996): 23-30.

\$10,300, which fall below the U.S. Department of Health and Human Services 1997 poverty guidelines for a family of two (\$10,610), substantially below those for a family of three (\$13,330), and well below those for a family of four (\$16,050).¹⁷³ In short, the minimum wage is no longer a living wage—that is, it is not adequate to meet a family’s monthly costs of living.

A single mother working full time at the current minimum wage of \$5.15 an hour would earn less than half what is necessary to meet the basic monthly budget. This means that to meet the minimum cost of living in *rural* Kentucky for a family of three, a single working mother would need to earn an additional \$5.46 an hour, \$909.71 a month, or \$10,916.52 more a year. In other words, a single mother would need another full-time job at the current minimum wage plus some additional hours to meet the minimum cost of living without relying on assistance.

Since it is not likely that a single mother will be able to work 80+ hours a week at minimum wage to meet her monthly expenses, what is the likelihood that she will be able to find employment at a higher wage level, one capable of meeting her monthly costs of living? The answer is not very likely.

- ❑ Since 1979, “the least-skilled women have faced a stagnant labor market (with small wage declines). For this group of women, the jobs and wages available to them are quite similar to those available to their mothers 20 years ago.”¹⁷⁴
- ❑ In 1994, the average weekly wages for a Kentucky worker employed year-round (52 weeks), full-time (40 hours/week) in an industry covered by unemployment insurance, would not bring a family of four above the poverty threshold.¹⁷⁵
 - In 109 counties for those employed in wholesale and retail trade firms;
 - In 56 counties for those employed in the services industry;
 - In 24 counties for those employed in manufacturing firms;
 - In 12 counties for those employed in ALL industries;
 - In 7 counties for those employed in transportation, communications, or utilities firms; and,
 - In 6 counties for those employed in finance, insurance, or real estate.
- ❑ Per capita income for rural persons is 26 percent below that of urban persons. Despite the general upward trends in per capita income since 1980, the rural-urban gap has remained nearly constant. Furthermore, rural per capita income in the South (\$15,905) has been and continues to be the lowest among the regions (U.S. rural income in 1994 averaged \$16,964).
- ❑ The earnings gap between rural and urban workers remains with rural workers earning 73 cents for every dollar earned by an urban worker in 1994. This earnings gap exists regardless of the sector of employment.
- ❑ A higher proportion of rural workers earn between \$4.25 and \$5.14 an hour, and the majority of rural minimum wage workers are adults (persons 20 and older) and single women who work full-time or 20 to 35 hours a week. This reflects the fact that rural economies have a higher share of low-wage industries than urban areas.
- ❑ The rural South has the lowest average earnings compared to other rural regions. In the rural South, average earnings were \$406 a week. This is 81 cents for every dollar earned by metro Southern workers. These average weekly earnings are only \$12 more than our benchmark (\$394) required to meet a minimum monthly cost of living.
- ❑ However, the average weekly earnings for *rural women* are \$333 (82 cents of the metro women’s dollar), and for those age 16 to 24 who live in rural areas, earnings were even lower at \$222 a week (55 cents of the metro dollar).

It is clear that even the best prepared single mothers, especially those in rural areas, will have difficulty earning enough to meet their monthly cost of living given these average weekly earnings.

¹⁷³ Whitener and Parker.

¹⁷⁴ Joint Center for Poverty Research, news release, 26 Aug. 1998.

¹⁷⁵ Kentucky Cabinet for Economic Development, *Kentucky Deskbook of Economic Statistics* (Frankfort: Author, 1996).

Assumption Number 4. *Absent sufficient earnings, the private or nonprofit sector, in particular charitable organizations, family, and friends, will bridge the gap between earnings and financial needs.* During the debate over welfare reform and after its passage, when concerns were raised about what would happen to welfare recipients displaced from the social safety net, much was said about the need for the private sector—churches, voluntary associations, friends, and family—to step in to close the gap. How likely is it that the private sector will have the capacity to bridge the gap between wages and the monthly budget needs of women?

Nicholas Lemann, notes in a *Newsweek* editorial: “It is a very seductive argument: Let charities step in and take over where big government has failed. . . . [But] even the mammoth Ford Foundation with just under \$7 billion in assets, couldn’t possibly afford to provide day care to all the children whose mothers’ benefits will be terminated under the new welfare law.”¹⁷⁶ Already news stories are appearing that suggest food pantries and other charitable organizations are reaching their limits due to rising demands for their services. Most of these have focused on urban charitable organizations, perhaps because these are most accessible to the media. But is there any doubt that the far smaller number of rural voluntary agencies are in the same situation, especially given the lower wage rates in rural communities?

A recent report¹⁷⁷ illustrates the challenges faced by those providing and those seeking food assistance. Through a network of 186 certified affiliate food banks, Second Harvest provides food assistance to nearly 50,000 local charitable organizations and nearly 26 million people. The study found more than half (54.0 percent) of the families with children receiving emergency food assistance were single-parent families. Moreover, more than a third (38.6 percent) of all households seeking food assistance had at least one member who was working, and nearly half of these worked full-time. One third of the adult clients had a high school diploma, and 40 percent had not completed high school. Interestingly, 41 percent of the clients received food stamps, but nearly 8 in 10 stated that their food stamps do not last through the end of the month. The network of affiliated food banks reported being stretched to meet the demand: 17 percent stated their program’s stability was threatened because of a lack of resources, and 6.5 percent reported having to turn away clients seeking emergency food assistance.

The belief that friends and family will be able to fill the gap is based on the informal helping relationships that emerge within kinship and friendship networks. This “informal economy” is economic activity that occurs “off line,” or not within the regulated and taxed economy. McInnis-Dittrich, for example, found in her small sample in Kentucky that all of the women she interviewed relied on the informal economy.¹⁷⁸ Sources of income from the informal economy included housework for others, consignment quilting, gardening, child or elder care, and yard sales. However, it is difficult to assess the extent or overall contributions such participation yields. Income thus generated is small and most often used to simply meet immediate bills. Finally, with the support of family and friends comes the obligation to return the favor. This often nullifies the net contribution such help brings.

Welfare reform has been built upon the presumption that moving adults into employment will eliminate the need for government assistance. Yet this assumption is valid only if the labor market provides job opportunities with wages sufficient to meet monthly costs of living. This research indicates that, in Kentucky, single mothers will face great challenges in meeting their families’ minimum needs, even if employed full time. If individuals are employed full time but still do not earn enough to meet their families’ monthly costs of living, how do they close the gap between earnings and monthly costs, especially after exhausting their 60-month lifetime limit of assistance? Kentucky women will face great challenges in making the employment and personal transitions required under welfare reform, but there are opportunities for the state to assist in this transition.

¹⁷⁶ Nicholas Lemann, “The Limits of Charity,” *Newsweek* 27 April 1997: 37.

¹⁷⁷ Second Harvest National Research Study, *Hunger 1997: The Faces and Facts* (Chicago, IL: Second Harvest National Food Bank Network, 1997).

¹⁷⁸ Kathleen McInnis-Dittrich, “Women of the Shadows: Appalachian Women’s Participation in the Informal Economy,” *Affilia* 10:4 (1995): 398-412.

State Policy Responses to Welfare Reform

Five challenges associated with welfare reform require policy or regulatory action at the state level if welfare reform is to accomplish its primary goal—self-sufficiency for families and individuals currently on public assistance. In this section, we briefly describe each challenge and the recommended actions needed to address these challenges.

Training and Education. A key focus of the implementation of welfare reform in Kentucky must be to provide the job training, education, and work skills enhancement that welfare recipients need to obtain and retain jobs. Nationally, the poverty rate for those without a high school degree doubled to 31 percent since 1974. It is even higher in Kentucky, and the educational attainment of Kentucky's rural population is lower than for its urban population. If long-term self-reliance is the purpose of welfare reform, state policies and regulations must support continued education and training for all Kentuckians.

Recommendations:

- ❑ It is less expensive for recipients and the state if the transition from welfare to work occurs only once. A program focus on adequate training in life skills and work skills should receive higher priority than simply reducing the number of recipients in the state.
- ❑ More flexibility is needed in defining eligible activities under the work requirement so that recipients who are pursuing college or vocational degrees can invest time in furthering their education and training. For example, Kentucky could include work-study internships or field placements required for postsecondary degree programs as part of the 20-hour-a-week work requirement for welfare recipients.
- ❑ Particular attention should be given to training women for nontraditional, higher paying jobs, such as those in the skilled trades, to assist them in getting jobs that pay enough to meet their monthly needs.

Transportation and Accessibility. Access is a critical component of work readiness. The ability of applicants and potential employers to contact each other facilitates the job search process. For many jobs, the employer must be able to contact employees for staffing and operational purposes. Furthermore, reliable and flexible transportation is key to employment success. Unfortunately, many Kentuckians lack telephones and private transportation and rely on neighbors and friends for both. An estimated 10 percent of all households in Kentucky do not have a telephone. This figure rises to 20 percent in 19 counties. Eleven percent of all households do not have access to a motor vehicle in Kentucky. This rises to 20 percent in 67 counties. Yet, in 13 counties, 15 percent or more of employed persons have an average travel time to work of 60 minutes or more. Public transportation in rural communities, where it exists, typically means a private taxi service with one or two taxis. In rural counties, distance, road conditions, and lack of public transportation present significant employment barriers for those who do not have a private vehicle.

Recommendations:

- ❑ Kentucky should establish a targeted allocation to assist rural communities in developing transportation alternatives for those transitioning from welfare to work.
- ❑ Kentucky, in cooperation with telephone companies, should aggressively promote participation in the Lifeline program among K-TAP recipients and low-income households.

Child Care. Access to safe and affordable child care remains a key challenge for those making the transition from welfare to work. A significant proportion of welfare recipients are single mothers, and a significant proportion of the rural poor are married couples with children. It is estimated that for every adult on welfare, two children will require appropriate child care. Appropriate child care includes day care for infants and young children; evening care for children whose parents work second and third shift; after-school, holiday, and summer vacation care for school-age children; and care for sick children.

National studies suggest that, on average, poor families pay 18 cents of every income dollar for child care, more than twice the amount paid by nonpoor families (7 cents/income dollar). Rural and low-income

areas have a critical shortage of certified and regulated child care slots, and when available, the cost often represents a significant portion of parental income. A 1990 study found that rural Kentucky families used informal child care at rates nearly double that of urban families. National studies indicate that rural children are more likely to receive care from three or more sources each week, indicating that rural families must use multiple sources to meet their child care needs.

Finally, rural parents and child care providers face challenges not often found in urban places, such as undependable transportation, unreliable snow removal, and toll telephone calls. In addition, rural child care providers face geographic isolation, limited resources for assistance or training, low fees due to underemployment and seasonal unemployment of working parents, and meeting the costs of child care regulations based on urban models.

Under Kentucky law, up to three children can be cared for in unregulated homes. Caring for four to six children requires certification through six hours of training annually. Caring for more than six children requires a license and meeting facility standards. Child care certification, licensing, and regulatory requirements often have an urban bias. For example, professional qualifications required for providers may be difficult to meet in rural areas where fewer credentialed persons live. Eligibility guidelines may be difficult to meet because income verification procedures and confidentiality issues are sensitive given the small population size and overlapping interpersonal networks. Funding formulas for federal programs typically focus on population size and density, penalizing rural child care providers because they operate in small communities.

Recommendations:

- ❑ As adults make the transition from welfare to work, the need to ensure adequate funds for child care increases. Since problems with securing reliable child care prevent many newly employed welfare recipients from seeking employment or causes them to lose jobs, a significant commitment of state resources to child care would increase the probability of a successful transition.
- ❑ Through grants and other incentives, Kentucky should encourage the establishment of off-hour and weekend child care to assist parents who have second or third shift or weekend employment.
- ❑ Given the higher cost of accessing child care that rural parents face, Kentucky should encourage and assist in the establishment of on-site child care services at rural work sites and rural post-secondary facilities.
- ❑ Child care certification and licensing guidelines and regulatory requirements must be reviewed to eliminate urban bias. For example, alternative approaches to child care worker training programs might be offered so rural child care providers do not bear an unequal burden of meeting requirements. Or, subsidy funding formulas could be adjusted in recognition of the higher costs for delivering services associated with operating child care facilities in urban communities.

Economic Development. State economic development policies structure the labor market welfare recipients will enter. Development efforts must focus on creating new full-time jobs in local labor markets to absorb the currently unemployed and welfare entrants without displacing nonwelfare workers. Furthermore, development efforts must give attention to the *quality* of new jobs—adding many new jobs at minimum wage may provide employment for welfare recipients, but it does not address the more persistent and more consequential problem of poverty. For example, under KREDA (Kentucky Rural Economic Development Act), approximately 51 companies created more than 22,000 new jobs between 1990 and 1997. But only 16 of these companies had average wages of \$10 an hour or more, and the majority of new jobs created paid less than \$7 an hour.

Nationally and in Kentucky, rural labor markets have limited capacity to absorb large numbers of new workers into entry-level jobs whose requirements are commensurate with the education and work experience of many welfare recipients. Moreover, many of Kentucky's rural counties have high welfare dependency, high unemployment, and high poverty rates. This means welfare recipients will have to compete with unemployed and underemployed workers not on welfare for available jobs.

Recommendations:

- ❑ Given that a substantial proportion of all new jobs are generated by existing businesses, economic development efforts should focus on supporting and providing incentives for the retention and expansion of existing businesses.
- ❑ Economic development efforts must focus on diversifying employment opportunities to provide a range of employment at different skills, experience, and wage levels. This is particularly important in rural areas.
- ❑ The Division of Employment Services must track the characteristics of the newly unemployed to ensure that efforts to place welfare recipients into jobs do not have the unintended consequence of displacing currently employed, low-skill workers, especially in rural labor markets.
- ❑ Consideration should be given to structuring economic development incentives to reward firms that pay “livable wages” and provide health benefits and to adopting state “livable wage” legislation.
- ❑ Kentucky should initiate planning now on how to assist families that need crisis or short-term assistance with state maintenance-of-effort dollars, so as not to force these families into triggering the 60-month federal lifetime limit.

Rural/Urban Differences. State and federal welfare policies must become sensitive to the significant differences between rural and urban areas. Rural communities are *not* just small cities. Significant structural, economic, social, and geographic differences exist between rural and urban areas. The rural disadvantage is about both community capacity and the effect of program requirements in rural communities. These differences often translate into barriers that block otherwise willing individuals from becoming employed. These differences magnify the effects of limitations in work readiness and the segregation of women and men into different job markets. This reality is illustrated by the following:

Since 1969, 30 rural Kentucky counties have been classified as persistent poverty counties, that is, the proportion of households with incomes below poverty is greater than the national average and has been for more than two decades. These counties may be called “places” in poverty since the interaction of individual and community characteristics affects peoples’ chances of being poor. In these counties, it often matters little what an individual’s skills are because no jobs are available or no jobs exist for persons with particular skills. Rural communities have fewer private and voluntary resources to supplement public support programs, and access to public and private educational, employment, and health services is more limited than in urban areas.

Recommendations:

- ❑ Kentucky must require all evaluations of K-TAP to include place (rural/urban) and regional assessments. K-TAP and other policies must be carefully analyzed and their effects tracked to assure that rural residents are not disadvantaged simply because they live in rural communities.
- ❑ Given the significant labor market differences between rural and urban places in Kentucky, welfare reform regulations should protect recipients from sanctions that penalize them for structural situations beyond their control (e.g., high unemployment, lack of access to employment, lack of a livable wage).

Conclusions

Welfare reform in Kentucky is about the economic future of women and their dependent children. Demographic and social trends over the last three decades have shown an increase in the number of women who are responsible for providing the primary support for themselves and their dependent children. But the structure of the labor market limits women’s opportunities to find high-wage employment that would enable them to meet their monthly living costs without continuing to rely on public assistance. Furthermore, the validity of assumptions underlying welfare reform—everyone can work, enough jobs are available for everyone, work will eliminate the need for assistance, and if it does not,

nongovernmental sources will fill the gap—are suspect. Rural women face even greater challenges due to spatial limitations on employment and income. Policy and regulatory initiatives can be pursued by state government to mitigate the difficult challenges Kentucky women face as they make the transition from welfare to work and to ensure that welfare reform achieves its goal of economic self-sufficiency.

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Political Leadership and the Progress of Women¹⁷⁹

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This chapter discusses the critical but inadequate role of women in the political life of Kentucky, particularly as elected representatives. Women have had an intermittent but forceful impact at the local and state levels, as voters, elected and appointed officeholders, policymakers, members of local and state boards and commissions, party activists, interest group participants, and lobbyists. But at the highest levels of government, they have, in effect, remained second-class citizens. Arguably, the diminished role of women in Kentucky's political life has had a profound impact on the well-being of women in the state.

Women have faced tremendous obstacles in staking their claim to influence the politics of the Commonwealth during the 20th century. The intermittent but forceful impact of Kentucky women has been felt throughout the state in their various roles as voters, elected and appointed officeholders, policymakers, members of boards and commissions, party activists, interest group participants, lobbyists, and campaign contributors, but the inclusion of Kentucky women in such activities has historically lagged behind national averages. The role Kentucky women play as elected representatives is among the most diminished in the nation. When the Institute for Women's Policy Research (IWPR) ranked states according to the percentage of women serving in 1996 and 1998 as state representatives, state senators, elected officials, congressional representatives, and congressional senators, Kentucky placed 49th in the nation. Indeed, more than "75 years after suffrage, women are still the missing majority on Kentucky's ballot."¹⁸⁰

Does it matter that Kentucky women are systematically underrepresented in the political and public policymaking process? The answer is, unequivocally, yes. Political science literature presents many examples of the differences in policy preferences between male and female legislators. Female state legislators have been found to be more "liberal" than men, even when controlling for party membership, and female state legislators are more concerned with feminist issues than their male colleagues. In an analysis of the issues male and female legislators consider most important, Debra Dodson and Susan Carroll found that women are three times more likely than men to offer at least one women-oriented policy issue among their top concerns.¹⁸¹ In *How Women Legislate*, Sue Thomas suggests that the presence of more women in state legislatures will alter the political agenda, elevating issues that concern women at home and in the workplace, as well as health care and child welfare.¹⁸² Thus, the historically diminished role of women in Kentucky's political process, particularly as elected representatives, has, in all likelihood, had a significant impact on the well-being of women in the state.

This chapter presents information on the role of Kentucky women in the political process, discusses some of the possible underlying reasons for the circumscribed participation of women in Kentucky's political life, and concludes with an exploration of political leadership opportunities for the new millenium.

¹⁷⁹ An earlier version of this article, "Staking Their Claim: The Impact of Kentucky Women in the Political Process," appeared in the *Kentucky Law Journal*, *The Sesquicentennial of the 1848 Seneca Falls Women's Rights Convention: American Women's Unfinished Quest for Legal, Economic, Political, and Social Equality*, 84.4 (1995-96): 1163-1196.

¹⁸⁰ "One Vote, One Man: 75 Years after Suffrage, Women Are Still the Missing Majority on Kentucky's Ballot," *Lexington Herald-Leader*, 5 Nov. 1995: E1.

¹⁸¹ Debra L. Dodson and Susan J. Carroll, "Reshaping the Agenda: Women in State Legislatures" (CAWP, 1991) 41-45.

¹⁸² Sue Thomas, *How Women Legislate* (New York: Oxford University Press, 1994).

The Unyielding Force of Tradition

Throughout its history, the “traditionalistic” political culture¹⁸³ of the Commonwealth has proven disadvantageous for women. In most of this predominantly rural state, Kentucky presents the classic example of the southern political culture in which government is permitted an active role, primarily that of maintaining the old social order and the patriarchal status quo. With the exception of Pennsylvania, the 10 states with the lowest level of female representation are all southern states.¹⁸⁴ As in most southern states, the political culture of the Commonwealth has not fostered major political and social change throughout much of its history. Instead, political affairs have remained chiefly in the hands of established elites, whose members often claim the right to govern through family ties or social or economic position.¹⁸⁵ In this context of powerful incumbency at all levels, entrenched political networks dominated by male leaders, and inadequate or absent party support for female candidates, women have been discouraged from seeking political office.

For more than 200 years in Kentucky, “women’s issues” have ebbed and flowed, but the final course has been a conservative one. In 1881, the Kentucky Woman Suffrage Association was founded—the first state suffrage society in the South. At the 1890 Kentucky Constitutional Convention, a major address by Laura Clay proposed a provision to give women property rights and suffrage. It failed. In 1894, however, the Married Women’s Property Act was passed, and in the same year “school suffrage” (the right of women to vote in school board elections) was extended to second-class cities from rural districts where it had been adopted in 1838. However, school suffrage was repealed in 1902 in response to statistics indicating that more black women voted in Lexington school board elections than white women and contentions that black women “practically controlled” such elections.¹⁸⁶ School suffrage returned in 1912, but with a literacy test, again entwining the rights of women with those of blacks who had been excluded from educational opportunities.¹⁸⁷ On January 6, 1920, Kentucky became the 23rd state to ratify the Nineteenth Amendment, the Women’s Suffrage Amendment,¹⁸⁸ but Kentucky’s laws continued to be permeated with provisions that treated men and women differently. For example, in 1923, a constitutional amendment striking the word “male” from the election clause of the state constitution was defeated by a margin of 11,000 votes.

In 1972, Kentucky became the 16th state to ratify the federal Equal Rights Amendment (ERA). Throughout the 1970s the antifeminist “Pink Ladies” attempted and ultimately succeeded in rescinding that ratification. The legality of rescission was unknown and placed further in doubt by Lieutenant Governor Thelma Stovall, who vetoed the resolution while Governor Julian Carroll was out of the state.¹⁸⁹ It never mattered, of course, because the period soon lapsed for the remaining states to ratify the ERA. Similarly, the Kentucky League of Women Voters led a campaign to strike the word “male” from the Kentucky Constitution’s election clause, which proclaims that “all men are equal” and ignores the existence of female citizens, but those efforts, which met success with state legislators, failed with voters.¹⁹⁰

While leaders of the Commonwealth have moved to bring greater equality to the political process on a number of occasions throughout the state’s history, its fundamentally conservative political culture ultimately turned back these efforts and preserved the status quo. Men remained in control of the political process at virtually every level. The unequal and inadequate representation of women and by women that persists today is a product of this legacy.

¹⁸³ Daniel J. Elazar, *American Federalism: A View from the States*, 3rd ed. (New York: Harper & Row, 1984) 115-22.

¹⁸⁴ Institute for Women’s Policy Research (IWPR), *The Status of Women in Kentucky* (Washington, DC: Author, 1998).

¹⁸⁵ Penny M. Miller, *Kentucky Politics and Government: Do We Stand United?* (Lincoln: University of Nebraska Press, 1994) 3-4, 58-80.

¹⁸⁶ Paul E. Fuller, *Laura Clay and the Women’s Rights Movement* (Lexington: University Press of Kentucky, 1975) 25, 43, 45-47, 90.

¹⁸⁷ Helen D. Irvin, *Women in Kentucky* (Lexington: University Press of Kentucky, 1979) 89-126.

¹⁸⁸ Fuller 25, 159.

¹⁸⁹ Jennifer Howlett, “Pioneering Former Lieutenant Governor Dies in Louisville,” *Lexington Herald-Leader* 6 Feb. 1994: A1, A14.

¹⁹⁰ Fuller 165.

Women as Voters

In spite of the stultifying effects of tradition, women in Kentucky, like their national counterparts, have become a powerful force at the polls. More women than men are registered to vote, and more women exercise that right. In Kentucky, 52 percent of the population—1.9 million females compared to 1.8 million males—cast a majority of the votes and have done so throughout the 1980s and 1990s. While Kentucky women register and vote in larger numbers than men, their voter participation rates do not compare favorably with those of women nationwide. According to U.S. Bureau of the Census data, Kentucky women fared very poorly compared with females in the rest of the nation in their voting turnout in the 1992 and 1994 elections. Kentucky had the lowest rate of women's voter participation—43.6 percent.¹⁹¹ Importantly, however, women in Kentucky participate disproportionately in the electoral process as participants in political campaigns and as the widely acknowledged backbone of local Democratic and Republican party organizations. In that capacity, they work to increase overall voter registration and turnout, as well as political participation.

Women in Kentucky have for two decades registered and voted in larger numbers than their male counterparts. As of fall 1998, 1.37 million females and 1.22 million males were registered to vote in Kentucky's November elections.¹⁹² Table 14 shows registration and voting in the November 1996 general election in Kentucky by gender and age. As in the 1992 and 1994 elections in Kentucky, a larger percentage of female than male registered voters voted in every age category except "62 and over,"¹⁹³ and a greater number of women than men in that age group voted. In the 1995 gubernatorial election and the 1996 presidential election, Democrats made a special appeal to older women (25 percent of whom live in poverty), citing Medicare, Medicaid, and other social welfare cuts proposed by the Republicans at the federal level.¹⁹⁴

TABLE 14						
November 1996 Voting Patterns, by Age and Gender, Kentucky						
Age	17-24		25-34		35-49	
	Men	Women	Men	Women	Men	Women
Registered	123,700	136,313	232,172	251,260	359,564	389,399
Voters	48,829	58,711	104,819	122,573	222,303	249,751
Percentage Who Voted	39.5%	43.1%	45.1%	48.8%	61.8%	64.1%
Age	50-61		62 & Older		Totals	
	Men	Women	Men	Women	Men	Women
Registered	189,636	201,248	217,650	286,098	1,122,722	1,264,317
Voters	132,889	142,387	152,666	184,610	661,506	758,032
Percentage Who Voted	70.1%	70.8%	70.1%	64.5%	58.9%	60.0%

Source: Kentucky State Board of Elections, 1997

As in the rest of the nation, there has recently been a noticeable gender gap in voting in Kentucky, as witnessed in the 1992 and 1996 presidential elections and the 1995 gubernatorial contest. The gender gap in voting nationwide became evident in 1980 about the same time that women's registration and voting numbers increased. Since then, American women have consistently given stronger support to Democratic candidates. For example, in the 1996 presidential election, the gender gap in favor of Clinton was the largest ever recorded in a presidential race. Voter News Service exit polls showed a gap of 11 percentage points, considerably larger than Clinton's 1992 gender gap of just 4 points.¹⁹⁵

Because the gender gap can determine the results of close elections, the women's movement has mobilized around this product of its work. The gender gap can affect millions of votes but its impact varies according to a campaign's dominant issues. As a result, political parties have begun to compete aggressively for women's

¹⁹¹ IWPR.

¹⁹² Kentucky State Board of Elections, 12 June 1998.

¹⁹³ Kentucky State Board of Elections, *Official Primary and General Election Returns for 1996* Frankfort, 1997.

¹⁹⁴ Jamie Lucke, "Women and Seniors React to GOP Agenda," *Lexington Herald-Leader* 8 Nov. 1995: A1, A6.

¹⁹⁵ Center for the American Woman and Politics (CAWP), "Fact Sheet: Dec. 1997," Rutgers University, 1998.

ballot box power. For example, in the 1995 Kentucky gubernatorial election, Democrat Paul Patton targeted female voters. In addition to education, health care, and welfare issue differences, Patton supported reproductive rights, while Republican Larry Forgy wanted to restrict abortion. According to the pre-election Bluegrass State Poll of October 28, 1995, a defined and standard gender gap was evident: women favored Patton and men favored Forgy.¹⁹⁶ Patton attributed a significant portion of his slim victory margin (51 percent to 49 percent, less than 22,000 votes) to his female supporters.¹⁹⁷

Women as Interest Group Members, Campaign Contributors, and Lobbyists

Interest Group Members. Women with an interest in public affairs have only recently seen elective office or professional government service as viable outlets for their energies. Historically, however, women have been the mainstays of public-interest groups, such as the League of Women Voters, whose activities are civic in nature. Since its inception in 1920, the nonpartisan League has worked to inform and engage voters in candidate and issue debates, political skills workshops, and public forums. However, membership has decreased in recent years. For example, the Louisville League enrolled 500 members during its heyday in the 1950s; in 1995, its membership numbered fewer than 250. Public cynicism and distrust, along with economic downturns, has led to an increased decline in League membership around the country.¹⁹⁸

Groups like the League extend across the nation and, as they do in Kentucky, span a broad ideological spectrum. The incentives for membership in these groups include a commitment to specific public policy goals and the strong desire to influence politics as a private citizen. In addition to the League, effective women's organizations in Kentucky that lobby on behalf of women's concerns and also educate women and foster their political leadership include National Organization for Women (NOW), American Association of University Women (AAUW), Kentucky Federation of Business and Professional Women (BPW), Pro-Choice Coalition of Kentucky, Planned Parenthood, Right-to-Life Association, Kentucky Pro-ERA Alliance, Junior League; National Association of Women Business Owners; Kentucky Nurses Association, Kentucky Domestic Violence Association, and National Council of Jewish Women in Louisville.

The Kentucky Women's Political Caucus, a nonpartisan group, recruits and trains women to run for offices at all levels in the Commonwealth. Kentucky Women Advocates (KWA) is a statewide coalition of 40 women's organizations; its functions encompass influencing legislation, improving the judicial system, monitoring executive and legislative decisionmakers, and encouraging women to seek elective offices.

Campaign Contributors. Although historically women have been less likely than men to make sizeable donations to political candidates, they have long constituted an important part of the direct-mail base of small gifts for progressive and Democratic groups. Women's organizations have formed political action committees (PACs) to help encourage and elect women candidates. Nationally, EMILY's List (Early Money is Like Yeast) specializes in raising money early to help pro-choice Democratic women who run for Congress or governor to gain legitimacy and fend off other contenders. The WISH List (Women in the Senate and the House) supports pro-choice Republican women candidates. The National Women's Political Caucus and NOW have two of the larger feminist PACs; both organizations have Kentucky affiliates.

Mobilized by the underrepresentation of women in elective offices (especially among Jefferson County's judges) and the difficulties female candidates have raising monies, Emma's List was established in Louisville in 1993. Named after Emma Guy Cromwell, Kentucky's first female elected statewide officeholder, Emma's List is a nonpartisan, donor network and PAC that provides information about and campaign donations to qualified pro-choice women candidates from Jefferson County.¹⁹⁹

¹⁹⁶ Al Cross, "Forgy Pulls into Tie with Patton in Poll," *The Courier-Journal*, 28 Oct. 1995: A1, A15.

¹⁹⁷ Rick C. McDonough and Andrew Melnykovych, "Black Turnout in Louisville Key to Jefferson County," *The Courier-Journal* 9 Nov. 1995: A1, A10.

¹⁹⁸ Diane Aprile, "Women Won It: What Have We Done with It?" *The Courier-Journal* 13 Aug. 1995: H4.

¹⁹⁹ Al Cross, "Emma's List, 'Yeast' to Help Political Women Rise," *The Courier-Journal* 18 April 1993: B1.

Lobbyists. Having gained lobbying experience as interest group participants, more women have entered the previously male-dominated profession of lobbying in Frankfort. In the 1998 General Assembly, women represented various associations, corporations, and local and state government organizations. These special interests included AK Steel Corporation, Apple Computer Inc., G.E. Financial, Humana Inc., Kentucky AFL-CIO, Kentucky Education Association, Kentucky Nurses Association, MCI Telecommunications, and Vencor, Inc. Among the association and government female lobbyists are Jane Chiles (Catholic Conference of Kentucky), Karen Garrison (Kentucky Association of Counties), Penny Gold (Kentucky Academy of Trial Attorneys), Linda Locke (Community Coordinated Child Care), Sylvia Lovely (Kentucky League of Cities), Elizabeth Marshall (Kentucky School Boards Association), Debra Miller (Kentucky Youth Advocates), Sarah Nicholson (Kentucky Hospital Association), and Elizabeth Strom (Kentucky National Organization for Women).

One woman was voted one of the eight most influential lobbyists in the 1998 General Assembly—Judith Taylor (a contract lobbyist). Taylor, a respected “hired gun,” represents various clients, including the Keeneland Association, Kentucky Retail Community Drug Store Coalition, Kentucky Physical Therapists Chapter, Peoples Lottery Foundation, Cosmetology Coalition, Kentucky Academy of Eye Physicians and Surgeons, and Jack Graham. Taylor’s lobbyist earnings from January 1997 through April 1998 were reported at \$183,050.²⁰⁰

During regular and special legislative sessions, many unpaid female “citizen lobbyists” congregate in Frankfort and monitor legislative proceedings. They generally represent both registered and unregistered groups, and include nonprofit, social service, and special-interest groups. Such groups include the state chapters of BPW, League of Women Voters, and NOW; community and neighborhood associations; the state PTA; the state American Association of Retired Persons (AARP); Kentucky War on Drugs and Mothers Against Drunk Driving (MADD); and Kentuckians for the Commonwealth.

Women as Party Officials, Party Workers, and Campaign Activists

Since attaining suffrage in 1920, Kentucky women have played an increasingly important role in county and district Democratic and Republican party organizations. A few women served as heads of powerful local party machines. “Miss Lennie” McLaughlin of Jefferson County and Marie Roberts Turner of Breathitt County were, in the middle years of this century, leading figures in the Democratic Party. Both women functioned as true local party bosses—traditionally the key figures in Kentucky politics.²⁰¹ For a short time during Governor John Y. Brown’s administration, Marie Turner served as head of the Democratic Party.

During the last few decades, female party workers have developed invaluable grassroots organizing skills—mass registering eligible voters, disseminating party and campaign literature, canvassing neighborhoods, administering telephone banks, and getting out the vote on election day. As resourceful and local party activists, women often maintain the party apparatus from one electoral contest to the next. In an age of weak party allegiance and declining party activity, these female party stalwarts tend to be more committed to the survival and rejuvenation of local party institutions than their male counterparts.

A rule of the two parties mandates that both men and women be in party leadership positions: both major state parties in Kentucky must provide for a vice chair who is to be of the opposite sex from the chair; each county executive committee must include at least one woman. Today, women play a major role in local, congressional district, and state party organizations. Both parties also benefit from the activities of their state and county women’s clubs. These groups have made vital contributions to the lifeblood of the parties, and currently are striving to mentor and promote future elected and appointed female government officials.

Women have proven to be valuable workers for all types of campaigns: local, statewide, congressional, and presidential. By the assessments of many party leaders, they contribute disproportionately in terms of time and

²⁰⁰ *The Kentucky Gazette* 16 June 1998: 8-12.

²⁰¹ Malcolm Jewell and Everett W. Cunningham, *Kentucky Politics* (Lexington: University of Kentucky Press, 1968) 71-72.

effort. Working and retired women, not the stereotypic housewife volunteers, reportedly donate the greatest amounts of time and effort to political campaigns. Gubernatorial activists “are the heart and core of [Kentucky’s] political nominating process;”²⁰² playing a vital role in the 1979, 1983, 1987, 1991, and 1995 Democratic and Republican gubernatorial primary and general election campaigns. Most candidates appointed female and male county chairs. Women campaign activists engaged in various campaign activities: managing campaigns, fundraising, speech writing, organizing volunteers, running headquarters, conducting mass mailings, directing telephone banks, canvassing neighborhoods, scheduling, and polling. In the past, women have not spent much time raising campaign monies, a reality that can be expected to change to the extent that women become integrated into the wider financial marketplace.

Women are also providing most of the campaign assistance for female candidates—another trend that will affect future elections if more female candidates run for office. In the 1990s, more and more women are collectively organizing, recruiting, and helping each other shatter the glass ceiling and assume positions of elective leadership. In 1998, the primary congressional campaigns of Teresa Isaac (Lexington) and Virginia Woodward (Louisville) were directed and staffed primarily by female supporters. Women also played an instrumental role in electing two-term Congresswoman Anne Meagher Northup of Louisville. Gaining critical experience as fundraisers and campaign treasurers, some of these female volunteers plan to translate their newly acquired political skills into their own future electoral pursuits.

Women as Elected Officials

The Underrepresentation of Women in Public Offices. Despite the key role of women as party activists, both major parties in Kentucky lag behind as organizations that are effective at helping women achieve elective office. It has been observed that neither state party organization frequently nominates female candidates for seats that are easily won. Instead, women tend to run in closely contested races, in politically balanced districts—and sometimes as “sacrificial lambs” in districts where the party has no chance to win.²⁰³ The Republican Party has done more to recruit and groom women than the Democratic Party, a detriment to women in what is still a majority Democratic state. While for years the Democratic Party did little to bring women into the process, state Democratic Party leaders now hold political skills workshops for women around the Commonwealth. The Republican Party stepped up its recruiting efforts and fielded six state senate races in 1998 with female candidates. “This amounts to over a third of the Republican Senate candidates and creates a truly unprecedented opportunity for women in the state.”²⁰⁴

In recent years, studies suggest that national party organizations have advocated increasingly for women in public office, even though the role national parties play in state and local elections is circumscribed in general and by structural limitations. In the last decade, national parties have taken active steps to promote women’s candidacies, including national conferences aimed at urging female party activists to run for office, special funds targeted for women party candidates, training seminars, and positive statements in party platforms. As women have gradually assumed many leadership positions in parties, the organizations have changed from within. Even more important, recruiting women candidates has been perceived as good electoral politics in recent years. The gender gap has highlighted the advantage of women candidates who can attract crossover votes. Moreover, women challengers were seen as attractive to voters given the strong tide against incumbents, relying on the perception of women politicians as “outsiders.”

Women are significantly underrepresented in elected government offices in Kentucky, as in the rest of the nation. No woman has ever been one of Kentucky’s U.S. senators. Only one member of Kentucky’s 1998 six-seat congressional delegation was female; former state Representative Anne Meagher Northup of Jefferson County attracted national attention when she was elected Third District Congresswoman in 1996. The only time

²⁰² Penny M. Miller and Malcolm E. Jewell, *Political Parties and Primaries in Kentucky* (Lexington: University Press of Kentucky, 1990) 125-51.

²⁰³ Malcolm E. Jewell and Penny M. Miller, *The Kentucky Legislature: Two Decades of Change* (Lexington: University Press of Kentucky, 1988) 50-51.

²⁰⁴ Katie Stine, “An Opportunity to Make History,” *Kentucky Journal* April/May 1998: 9.

Kentucky elected a woman to Congress prior to Northup's victory was in 1926, when Katherine Langley was elected to replace her husband, U.S. Representative John W. Langley, who resigned after he was convicted of a liquor law violation.²⁰⁵ In 1923, Emma Guy Cromwell became the first woman elected to state office when she defeated three primary opponents and a general election foe to become Secretary of State. Despite the passage of more than seven decades, Cromwell's difficult experiences, apprehensions, and unrealized aspirations, as reflected in her 1939 autobiography, *Women in Politics*, continue to be shared by many women in Kentucky politics today.²⁰⁶ Governor Martha Layne Collins (elected in 1983) stands nearly alone in Kentucky history as a female elected to high office.

TABLE 15
Women Elected Officials in Kentucky, 1992, 1998

Office	1992	1998	Total Offices	Percent 1992	Percent 1998
U.S. Senators	0	0	2	0	0
U.S. Representatives	0	1	6	0	17
Supreme Court Judges	0	1	7	0	14
Court of Appeals Judges	1	1	14	7	7
Statewide Elective Officers	1	0	7	14	0
State Legislators	6	13	138	4	9
Railroad Commissioners	0	0	3	0	0
Mayors	71	60	436	16	14
City Council Members	371	561	3,276	11	17
County Judge/Executives	5	4	120	4	3
County Magistrate/Commissioners	50	31	584	9	5
Circuit Judges	3	8	93	3	9
District Judges	16	24	125	13	19
Commonwealth Attorneys	0	3	56	0	5
County Attorneys	0	3	120	0	3
County Sheriffs	2	0	120	2	0
Circuit Clerks	54	68	120	45	57
County Clerks	59	62	120	49	52
County PVAs	31	36	120	26	30
Jailers	6	3	120	5	3
Coroners	4	3	120	3	3
School Board Members	206	255	885	23	29
Totals	886	1,137	6,592	13	17

Source: The 1992 data were obtained from Secretary of State Bob Babbage's office. The 1998 data were obtained from the individual agencies, commissions, offices and boards.

Women comprise 52 percent of the state's population, yet they held only 9 percent of seats in the 1998 General Assembly. In female representation in the state legislature, Kentucky ranks 49th in the country.²⁰⁷ While more than 1,100 women hold elective office in Kentucky, men hold 83 percent of the state's 6,592 elective positions. Women have had the most success at the local level as county and circuit clerks—traditionally female venues. Table 15 presents a statistical profile of the underrepresentation of Kentucky women in elective office in 1992 and 1998.²⁰⁸

²⁰⁵ See John E. Kleber et al., eds., *The Kentucky Encyclopedia* (Lexington: University Press of Kentucky, 1992) 535-36.

²⁰⁶ Emma Guy Cromwell, *Women in Politics* (Louisville: Standard Printing, 1939).

²⁰⁷ CAWP.

²⁰⁸ For 1992 data, see "Toward Balance: Women and Politics," by Bob Babbage, Secretary of State of Kentucky, January 1993; 1998 data gathered by author in June 1998 from a host of state agencies.

Why the Continued Underrepresentation of Women in Public Offices in Kentucky?

Political science and psychology literature are replete with studies of the underrepresentation of women in political offices. Various reasons have been advanced for the dearth of female officeholders, including: the prevailing political culture; the power of incumbency; limited access to campaign money and escalating campaign costs; the rise of negative campaigning; the lack of political experience among women; an entrenched “good old boy network”; inadequate political party support; few women running for offices; and stereotypical attitudes about politics as a male domain. Another general obstacle female candidates continue to encounter is “voter hostility”—voters (male and female) who, for a variety of cultural and psychological reasons, prefer to be represented by a man.²⁰⁹

In Kentucky, perhaps the fundamental reason for sparse female success is the traditionalistic political culture of the state, which is bolstered by many of the factors that studies of female underrepresentation have illuminated. Since the state’s political culture has been diluted in major population centers, most of the female members of the General Assembly live in the more densely populated counties of Jefferson, Fayette, and Campbell. Outside these urban areas, the powerful inertia of incumbency and the entrenched male leadership keep many women from elective offices at all levels. Incumbents, who are typically white male candidates who were identified and promoted by the so-called “courthouse gang” are difficult to unseat. In this context, it is appropriate to repeat and to reflect on the fact that, despite their valuable contributions as party workers, few women have won their party’s nomination to elective office in Kentucky and the state’s political parties have not functioned as escalators for women who aspire to candidacy. Women are forced to prove their competence, electability, and toughness, whereas men are assumed to have these qualities.

The same factors that restrict the role of women in the financial centers of Kentucky’s communities affect their political success. Women do not have the same access to campaign money, especially in eastern Kentucky where so many women—and men—are saddled with poverty. Many women struggle to maintain work and family responsibilities, not to mention the struggle of raising money for a political race. Despite campaign finance reform, money is still essential to advancing a candidate’s name and message. Similarly, the lack of voter interest in feminist issues in Kentucky’s traditionalistic southern society limits the availability of public offices to women who tend to be outspoken feminists.

The attitudes of women themselves may limit female candidacies. Their feelings reflect broader cultural norms as much as voter hostility does. Women in traditional roles have demanding family responsibilities that often preclude travel to Frankfort, especially if they live in eastern and western Kentucky. In addition, women have not had many role models and mentors in politics, nor have they had networks to help one another politically. Also, a lack of training in public affairs and fundraising handicaps young women who might otherwise be interested in political office. The innate “toughness” and combativeness of politics also may deter women more accustomed to conciliatory roles from seeking political office.

The Kentucky media may also have contributed to the dearth of female candidates. Some researchers suggest that the gender gap in the news has subtly influenced the significant underrepresentation of women in elected offices. The electability of women candidates may be influenced by differential press treatment. Female candidates may be covered differently because of standard operating procedures of the press as well as stereotyping by reporters and editors.²¹⁰ Nationwide, in recent U.S. Senate and statewide races, female candidates have consistently received less coverage than men and coverage that is more focused on their chances of winning, less devoted to campaign issues, and more likely to emphasize their possession of typical feminine traits and their strengths in typical “female” policy areas.²¹¹ A *Lexington Herald-Leader* editor

²⁰⁹ See Robert Darcy, Susan Welch, and Janet Clark, *Women, Elections, and Representation*, 2nd ed. (White Plains: Longman, 1994); Malcolm E. Jewell and Marcia L. Whicker, “The Feminization of Leadership in State Legislatures,” *PS Political Science and Politics* 26 (1993); Lois Lovelace Duke, ed., *Women in Politics, Outsiders or Insiders?* (Englewood Cliffs, N.J.: Prentice Hall, 1993); Leonie Huddy and Nayda Terkildsen, “Gender Stereotypes and the Perception of Male and Female Candidates,” *American Journal of Political Science* 37 (1993) 119-147; Elizabeth Adell Cook, Sue Thomas, and Clyde Wilcox, eds., *The Year of the Woman: Myths and Realities* (Boulder: Westview Press, 1994); M. Margaret Conway, Gertrude A. Steuarnagel, and David W. Ahern, *Women and Political Participation* (Washington, DC: Congressional Quarterly Press, 1997).

²¹⁰ Maria Braden, *Women Politicians and the Media* (Lexington: University Press of Kentucky, 1996).

²¹¹ Kim Fridkin Kahn, *The Political Consequences of Being a Woman: How Stereotypes Influence the Conduct and Consequences of*

summarized the litany of factors contributing to Kentucky's dismal rankings: "What this all adds up to is the simple fact that fewer women are elected because fewer run in the first place."²¹²

Women as Local Officials. As illustrated in Table 15, female candidates continue to win more local races in the Commonwealth of Kentucky, with a net gain of more than 250 positions since 1992. In their traditional roles as mothers, housewives, and church/synagogue service auxiliary members, women have been actively engaged in affecting local public policies on such issues as education, health care, police and fire protection, sanitation, and roads, to name only a few. As committed members of neighborhood associations, women's organizations, and environmental groups, women have acquired valuable political skills and earned community recognition prior to seeking public office. Local elective positions are more appealing to many Kentucky women interested in public policymaking since they must juggle their various professional and civic roles with family responsibilities. Frankfort positions that require travel and overnight stays are not viable opportunities for most women with young children, husbands, and/or elderly parents in western and eastern Kentucky.

In 1998 (as shown in Table 15), 60 women were serving as mayors in Kentucky (14 percent), primarily in fourth- to sixth-class cities, and 561 females held municipal council positions (17 percent). Only 5 percent of the 584 county fiscal court members were women. Most city councils have at least one woman, while more than 100 of the state's 120 counties have no female representatives on their fiscal courts. Three percent of the 120 county judge-executives are women. Three women serve as commonwealth attorneys, and, as a result of the November 1998 election, one woman now serves as sheriff in Fayette County. In contrast, women occupy 52 percent of the county clerk seats and 57 percent of the circuit clerk positions. In addition, 29 percent or 255 women were on local school boards in 1998.

Women made record gains in county-judge executive races in November 1998. In 1999, women will hold nine judge-executive positions (Bell, Carter, Clinton, Cumberland, Fayette, Franklin, Green, Jefferson, and Pike counties). Also, Pam Miller won reelection to the post of mayor of Lexington, Kentucky's second-largest city. In general, Kentucky women's ability to secure local and district offices appears to be greater for those positions that are not traditionally considered male venues. Female candidates have experienced greater success in winning school board, circuit court clerk, and county clerk positions. Women do least well in holding law enforcement jobs such as sheriff, jailer, and county attorney.

To place female local officeholders in a national perspective, it should be noted that in 1988 (last available data) Kentucky ranked sixth from the bottom in the number of females on county commissions; 3 percent of the representatives were women. In 1988, in the 47 states that have county governing boards, women held 1,653, or 8.9 percent, of the 18,483 available seats across the country. Between 1975 and 1988, the number of women serving at the county governing board level more than tripled from 456 to 1,653.²¹³

In 1997, Lexington Mayor Pam Miller shared company with 11 other female mayors nationally in heading one of the 100 largest cities in the nation. The number of women mayors in cities with populations over 30,000 has increased from 12 in 1973, to 202 (or 20.7 percent) in 1997. Of the 21,601 mayors and municipal council members (and their equivalents) serving nationwide in 1994 in cities with populations over 10,000, 4,513, or 20.9 percent, were women. From 1975 to 1985, the percentage of women holding municipal and township offices in 44 states more than tripled, rising from 4 percent to 14.3 percent (14,672 female officials in 1985).²¹⁴

More than 25,000 women serve as mayors or members of city or county councils, compared with fewer than 1,700 who serve as state legislators or statewide executive officeholders. Ultimately, these local female officials may work their way up through the political ranks and strive for higher elective office in the future.

Women as State Legislators and Policymakers. Since 1993, Kentucky has moved from 50th to 49th place in the percentage of women elected to state legislatures. Women have been winning state legislative

Political Campaigns (New York: Columbia University Press, 1996).

²¹² *Lexington Herald-Leader*, 5 Nov. 1995: E1.

²¹³ CAWP.

²¹⁴ CAWP.

seats in increasing numbers, especially in the last two decades—from 4.0 percent in 1969, to 10.3 percent in 1979, to 14.7 percent in 1985, to 18.1 percent in 1991, and to 21.6 percent in 1998 (1,607 female legislators). The number of female legislators has increased five-fold since 1969. However, states differ considerably. In 1998, Washington led the nation with a state legislature that was 39.5 percent female, followed by Arizona at 37.8 percent, Colorado at 35.0 percent, and Nevada and Vermont at 33.3 percent. In contrast, Alabama's legislature now holds the distinction once held by Kentucky; it is just 4.3 percent female. The five states with the lowest percentages of women state legislators are Alabama (4.3 percent), Kentucky (9.4 percent), Oklahoma (10.1 percent), South Carolina and Louisiana (both at 11.8 percent). Three of the next five are also in the South, again a likely reflection of the region's traditional, conservative political culture.²¹⁵

Kentucky's movement from 50th to 49th during an era of rising numbers of elected female officials does not obscure its very limited gains. Over the course of decades, women made only modest gains in the General Assembly, moving from one female legislator in 1960 to six in 1970 and nine in the 1980s. In its history, Kentucky has elected only 67 women to the General Assembly. From 1948 through 1991, 9 women served in the Senate and 34 in the House. Female representation dropped in the early 1990s; women held only 5.8 percent of the seats in the 1992 legislature. Due to an incumbent's primary defeat, two retirements, and the losses of eight female challengers in the 1992 general election, only one woman was in the Senate and five in the House in the 1993 General Assembly—4.3 percent of the offices. Most of these female legislators were elected by the metropolitan counties of Jefferson and Fayette. Some served the unexpired legislative terms of their late husbands.²¹⁶

TABLE 16
Women Legislative Candidates, Kentucky, 1973-1996

House										
	1973	1979	1981	1984	1986	1988	1990	1992	1994	1996
Number of women running	12	22	28	26	18	16	11	11	21	27
Number of women elected	3	8	7	7	5	6	6	5	9	11
(Number of males running)	279	210	221	236	211	179	201	203	191	202
Senate										
Number of women running	2	6	7	3	1	2	6	3	8	5
Number of women elected	1	1	1	1	1	0	1	0	2	0
(Number of males running)	48	47	41	52	44	36	47	47	40	45

Source: Malcolm E. Jewell and Penny M. Miller, *The Kentucky Legislature: Two Decades of Change* (Lexington, KY: University Press of Kentucky, 1988) p. 45; data compiled from the 1988-1996 records of the Kentucky State Board of Elections.

Table 16 illustrates the key gains made by Kentucky women in the 1994 and 1996 state legislative elections. In 1994, nine females (five Democrats, four Republicans) were elected to the House, and two to the Senate (both Republicans). In 1996, 11 females (seven Democrats, four Republicans) were elected to the House; no woman was successful in a 1996 Senate election bid.²¹⁷

A decreasing turnover of membership in the Kentucky legislature has been a detriment to female candidacies in recent years. But female incumbents in Kentucky were just as likely to remain in office as their male counterparts. From 1979 to 1996, only one woman lost as an incumbent in a Senate general election contest, and only three women lost as incumbents in House races. In the cases of most female candidates in Senate and House general election races, however, women were pitted against male incumbents, and the women lost. First-time women candidate victories came primarily in open House seat contests, but so many male incumbents were running that it was hard for women to find open seats to contest. Many women ran in races that were difficult to win; either they were nominated by their parties in districts where that party generally loses, or they challenged male incumbents.

²¹⁵ CAWP.

²¹⁶ Jewell and Miller 50-51; Miller 106.

²¹⁷ Jewell and Miller 51; data compiled from the 1988-1996 records of the Kentucky State Board of Elections.

Table 16 helps assess the proportion of women and men who run compared with the proportion who win. During the 1979-1996 period, 221 women ran for state legislative offices, and 71 of these candidates (32 percent) won the general elections. Of the 2,253 males who ran for legislative seats during the same elections, 1,000 (44 percent) were ultimately victorious.²¹⁸ Given the predominance of male incumbency, this is a strong showing indeed.

The 1998 General Assembly included 13 women, who have been assigned to a wide array of standing committees in the House and Senate. For example, in the House, Representative Eleanor Jordan's (Democrat-Louisville) committee assignments include Health and Welfare, Labor and Industry, and Licensing and Occupations. In the Senate, Senator Julie C. Rose's (Republican-Louisville) committee assignments include Judiciary; Health and Welfare; and State and Local Government.²¹⁹

However, Kentucky's female state legislators hold few leadership positions. The only exceptions in 1998 were Senator Elizabeth Tori (Republican-Radcliff) who was elected Minority Whip by her colleagues. Senator Julie Rose (Republican-Lexington) presently serves as vice chair of the Health and Welfare Committee. In addition, Representative Ruth Ann Palumbo (Democrat-Lexington) chairs the Economic Development Committee.²²⁰ Representatives Joni Jenkins, Dottie Sims, Kathy Stein and Katie Stine also serve, along with three male legislators, as vice chairs of House committees. Representative Mary Lou Marzian (Democrat-Louisville) heads the Jefferson County delegation. In her leadership role, Marzian has added a different perspective to the process—holding delegation meetings all across Jefferson County including day care and elder centers not only to obtain a larger combination of business, community, and social constituent viewpoints, but also to create more positive media attention.²²¹

In dealing with a male-dominated General Assembly, the current women legislators can look back at the valuable contributions of their female predecessors. Two role models include Louisville Democratic legislators Gerta Bendl and Georgia Powers. Representative Gerta Bendl was a leading force in the House from 1976-1987. She chaired the Health and Welfare Committee, the first woman to hold that powerful House position. Bendl sponsored or worked on a variety of significant legislation that included a "children's survival bill"; boarding home regulations; bills of rights for nursing home residents and persons with developmental disabilities; mandated health insurance coverage for mentally ill; and the living will. Senator Georgia Powers was the first African-American female to be elected to the Kentucky Senate. Serving from 1968-1989, Senator Powers chaired two vital standing committees, Health and Welfare (1970-76) and Labor and Industry (1978-88). Senator Powers was regarded as the leading advocate for minorities, women, children, the poor, and the handicapped. She sponsored or cosponsored an open housing law; a low-cost housing bill; a law to eliminate the identification of race from Kentucky operator's licenses; an amendment to the Kentucky Civil Rights Act to eliminate discrimination based on race, gender, or age; an equal opportunity law; the Equal Rights Amendment resolution; the Displaced Homemaker's Law; and a law to increase the state minimum wage.²²²

In 1998, female legislators seized the opportunity to affect a full spectrum of policy decisions. Several female legislators, both Democratic and Republican, received much media attention for their successes and failures during the regular session. Six "liberal" Democratic House members were nicknamed the "Bitch Caucus" by some of their male colleagues. This urban support group included Representatives Ruth Ann Palumbo and Kathy Stein of Lexington and Representatives Joni Jenkins, Susan Johns, Eleanor Jordan, and Mary Lou Marzian of Louisville. During the 1998 regular session, this determined female coalition held frequent huddles on the House floor and often brainstormed and voted together, particularly on issues concerning reproductive freedom, child care, and issues of the elderly and minorities.²²³ According to Representative Jordan, "We determined that our impact would be stronger and more effective if we used collective intelligence, energy, and political networking on some issues. We also figured it was an excellent

²¹⁸ Jewell and Miller.

²¹⁹ "Who's What in Kentucky Government 1997-1998," *Kentucky Roll Call* Frankfort, Kentucky.

²²⁰ "Who's What . . ."

²²¹ Interview with Rep. Marzian at the Women's Project Brainstorming Session, sponsored by the Kentucky Long-Term Policy Research Center in Frankfort on June 9, 1998.

²²² Kleber, 733.

²²³ "Six Female Legislators Working Together to Increase Their Clout," *Lexington Herald-Leader*, 15 March 1998: A14.

time to increase our visibility for other women and for girls who would be watching via nightly television news broadcasts and on KET wrap-ups.”²²⁴ Several seasoned legislators, including House Majority Leader Greg Stumbo and former House Speaker Joe Clarke, said they could not remember a session when female representatives had been “more vocal and visible” than the 1998 General Assembly.²²⁵

The visibility of the coalition did not win universal acclaim. Its members met with negative criticism from some male and female legislators. “Ironically,” asserted Representative Jordan, “the six of us were only approaching our legislative duty the same way our male counterparts do. Each day of the session, on the House floor, in the annex hallways and cafeteria, men gather to discuss issues, compare notes, cut deals, or just to chat about the session. No one bats an eye. This is standard operating procedure. Six female legislators get together and immediately the focus shifts from our function as legislators to our gender.”²²⁶

No female legislators were ranked among the 10 most effective legislators in either the House or Senate in a Legislative Effectiveness Survey conducted by the Kentucky Center for Public Issues in 1998. However, coalition member Kathy Stein was voted one of the most promising freshmen in the 1998 General Assembly.²²⁷ But attorney Stein’s first term was rocky at times because of her involvement in the liberal women’s caucus. A day after Stein criticized conservatives for their position on abortion clinic and same-sex marriage bills, “Many Republicans spoke out and voted en masse against a seemingly innocuous bill Stein sponsored on school textbooks.”²²⁸

The 1999 General Assembly will have an historic number of female legislators. One fourth of the 16 total female members will be Republican state senators. The remaining 12 are state representatives; 10 are Democrats and two are Republicans.

Women as Statewide Executive Officeholders. Kentucky rarely elects women to statewide executive offices. Kentucky has elected only one female governor, two female lieutenant governors, and 12 women to other statewide constitutional offices. Currently no female holds a statewide elected position. “Neither the Democratic nor the Republican party in Kentucky was reluctant to offer all-male slates for statewide elections in 1995—a symptom of a profound indifference to gender equity.”²²⁹

However, in 1983, Kentuckians elected Democrat Martha Layne Collins as the Commonwealth’s first woman governor. Collins’ victory proved that unpopularity at the polls is not what impairs women’s political prospects. Collins followed a path traditional to men, gaining experience and recognition in her long-time activities on behalf of male candidates (e.g., electing Governor Wendell Ford in 1971), and in elected positions as Clerk of the Court of Appeals and Lieutenant Governor. Governor Collins’ greatest achievements came in two of the state’s highest priorities—education and economic development. She brought important attention to the need to invest in education and negotiated a pact with the Toyota Corporation to build a car manufacturing plant in Kentucky, which has resulted in substantial investment and jobs creation in the state.²³⁰

In 1998, U.S. women represented a quarter of statewide elective executive officers (82 women), including 3 out of 50 governors (Governor Jane Dee Hull of Arizona, Governor Jeanne Shaheen of New Hampshire, and Governor Christine Todd Whitman of New Jersey). Among these women, 34 are Democrats, 45 are Republicans, and three were elected in nonpartisan races. Of these 82 women, three, or 3.7 percent, are women of color. Women held at least half of the statewide elected positions in 10 states. Since June 1996, 18 women have been serving as lieutenant governors. However, most states (36) have never elected a woman governor.²³¹

²²⁴ Eleanor Jordan, “Joining Forces Draws Fire,” *Kentucky Journal* April/May 1998: 9.

²²⁵ “Six Female Legislators . . .”

²²⁶ Jordan 9.

²²⁷ “Most Frequently Mentioned Answers to Survey Questions,” *Kentucky Journal* April/May 1998: 14.

²²⁸ “Six Female Legislators . . .”

²²⁹ Mary Hawkesworth, “Battling for Ballot Position: Women Must Run an Obstacle Course to Seek Office in Kentucky,” *Kentucky Journal* April/May 1998: 3.

²³⁰ “Fans and Foes Praise Effort, Split on Effect,” *The Courier-Journal*, 6 Dec. 1987: A1, A14; Cindy Rugeley and Jack Brammer, “After Shaky Start, Collins Converted the Skeptics,” *Lexington Herald-Leader* 6 Dec. 1987: A1.

²³¹ CAWP.

Women in the Judiciary. In the 1990s, Kentucky women have made historic inroads in the male-dominated judiciary. Sara Combs, the widow of former Governor Bert T. Combs, was appointed to fill the vacancy of retiring Supreme Court Justice Dan Jack Combs (no relation). Later she was defeated in a special election by a female member of the Court of Appeals, Janet Stumbo. In November 1994, Combs won the Court of Appeals seat vacated by Stumbo.²³² Justice Stumbo and Judge Combs were the first women to serve on the state's highest court. As shown in Table 15, more women were also serving in 1998 as District Judges (24 females) and Circuit Judges (8 judges)—especially in the metropolitan areas of Lexington and Louisville. In 1994, Janice Martin of Jefferson County was elected the first female African-American judge. Moreover, Kentucky elected its first female Commonwealth Attorneys in 1993. And Fayette County chose Margaret Kannensohn as its first female county attorney in 1994; Kannensohn ran uncontested in 1998.

With the large increase in women law school graduates in the Commonwealth in the past decade,²³³ the pool of potential female candidates for judicial and law enforcement offices has grown significantly. Women lawyers (24 percent of all attorneys in Kentucky²³⁴) are actively joining forces to recruit females to run for the bench. Kentucky women are also joining the federal judiciary. Jennifer Coffman was appointed (by President Bill Clinton at the insistence of Senator Wendell Ford and confirmed by the U.S. Senate) Kentucky's first female U.S. District Judge in 1993.²³⁵

Women as National Officeholders. During the past 200 years, Kentucky has elected only two Congresswomen—Catherine Langley and Anne Northup. Mrs. John W. (Catherine) Langley, a Republican from Pikeville, served from 1927 to 1930. Republican Anne Meagher Northup, a former state representative from Jefferson County, beat incumbent Mike Ward in 1996 to win the Third Congressional seat. Northup received national attention as a freshmen favorite of House Speaker Newt Gingrich. She was given a choice seat on the House Appropriations Committee and has been an active television spokesperson on behalf of national Republican legislative initiatives. Northup also earned high marks for her campaign finance prowess, building a sizeable campaign war chest early in her successful 1998 bid for reelection.²³⁶

Very few Kentucky women have even been nominated for national legislative positions. Two females were candidates for the U.S. House in 1992, four in 1994, and two in 1996. In spring 1998, former Kentucky Commission on Women Executive Director Virginia Woodward (Democrat) of Louisville and Vice Mayor Teresa Isaac (Democrat) of Lexington both lost their primary bids in congressional contests.²³⁷

Kentucky's record diverges substantially from national trends. The political climate of 1992 proved favorable to landmark increases in the number of women in national office. The 1992 elections provided rich opportunities for women as a result of their preparation as state legislators and local officeholders, and due to a large number of congressional openings brought about by voluntary retirement, the U.S. House bank overdraft scandal, redistricting, and primary defeats. These openings provided the opportunity for well-positioned females (of whom few were in Kentucky) to overcome the primary obstacle for all newcomers—running against an incumbent. Where women were on a launching pad, many moved up in the system.

The high expectations for women candidates led some to call 1992 the Year of the Woman in American politics. Female candidates were perceived as Washington "outsiders," and voters wanted to change the face of Congress. Thus, since a number of seats were open and women had been preparing themselves, 1992 became a viable election year for women. In addition to these factors, females were mobilized to political action in part as a consequence of the 1991 Clarence Thomas confirmation hearings in the U.S. Senate. These televised hearings spurred many women in politics to reaffirm their ambitions for high national office and convinced

²³² John Voskuhl, "Combs Looks to Coast to Easy Win in 7th District," *The Courier-Journal* 9 Nov. 1994: B4.

²³³ "A Statistical Look at Women in Kentucky," *Kentucky Journal*, April/May 1998: 2. The percentage of 1998 graduates of Kentucky law school classes who were women ranged from 34 percent at Chase and 42 percent at the University of Kentucky, to 50 percent at the University of Louisville.

²³⁴ "A Statistical Look . . ."

²³⁵ *The Courier-Journal* 14 Oct. 1993: A1.

²³⁶ *The Kentucky Gazette* March 1998.

²³⁷ "Winner Holds off Rose Bid; Fletcher Defeats Whitehead," *Lexington Herald-Leader* 27 May 1998: A1; *Courier-Journal*, 27 May 1998: A1.

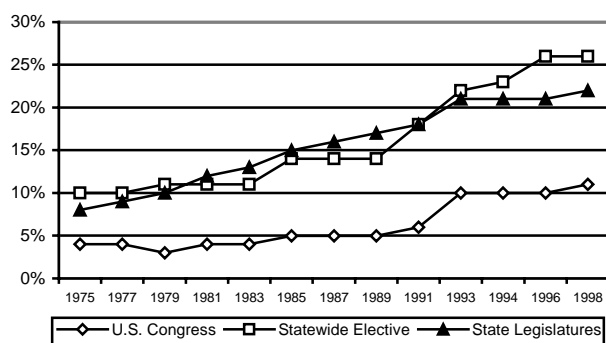
women voters of the importance of voting for women in the next round of congressional elections. Additionally, an economic downturn in the United States turned attention to domestic concerns from foreign policy issues. This shift allowed women to concentrate their campaigns on issues about which women are considered more credible than men, according to some polls.²³⁸

Key to the scope of victory in 1992 was the number of women nominated; females won 106 primary elections out of 222. There was a 68 percent increase in the number of women elected to the U.S. House—from 28 to 47 (plus a nonvoting District of Columbia representative). Twenty-nine females filed, and 11 won primary elections for the U.S. Senate. Five won their general elections, and a special election in Texas brought the number of women Senators to seven. Senator Nancy Landon Kassebaum (Republican-Kansas) was reelected

in 1990. Thus, the number of females in the Senate more than tripled from two to seven.²³⁹ The 103rd U.S. Congress will always be known for its historic change in composition—the landmark rise in female and minority representation.

Women hold 59, or 11 percent, of the 535 seats in the 105th U.S. Congress—9, or 9 percent, of the 100 seats in the Senate, and 50, or 11.5 percent, of the 435 seats in the House of Representatives. Of the nine female Senators, six are Democrats and three are Republicans. Fifty women from 20 states serve in the House—35 Democrats and 15 Republicans. In addition, two Democratic women serve as delegates to the House from Washington, D.C., and the Virgin

Figure 24
Percentage of U.S. Women in Elected Office,
1975-1998



Source: Center for the American Woman and Politics (CAWP), Rutgers University, 1998 Fact Sheet

Islands. Women of color constitute 27.1 percent of the membership.²⁴⁰

Figure 24 provides a national overview of the percentages of women in elective offices during the last two decades.²⁴¹ The number of women in elective positions grew steadily. Female officeholders may be a long way from parity in Congress, statewide executive positions, and state legislatures, but almost everywhere they are beginning to be present in numbers that constitute a critical mass.

Women as Appointed Officials

In contrast to their roles as elected officials, Kentucky women have a long history in appointive positions in local and state government. National research demonstrates that women use such positions as springboards to run for public office, just like their male counterparts. “The power to make these crucial political appointments lies in the hands of elected officials.”²⁴² For decades females have served on the full array of municipal and county boards and commissions. As appointed members of special service districts and authorities, women shape local and regional policies dealing with water service, fire protection, libraries, flood control, airport facilities, and solid-waste disposal, to name a few.

By 1975, women were serving on 44 percent of the 181 state boards and commissions. Governor John Y. Brown made a special effort to appoint women to cabinet-level roles in his administration, and Governors Martha Layne Collins, Wallace Wilkinson, and Brereton Jones did the same. Under Wilkinson, women held

²³⁸ Cook, Thomas, and Wilcox.

²³⁹ CAWP.

²⁴⁰ CAWP.

²⁴¹ CAWP.

²⁴² Hawkesworth.

cabinet positions in the Departments of Labor, Tourism, Natural Resources and Environmental Protection, and Workforce Development, and more than 560 women were appointed to various executive positions. During Governor Jones's tenure, one third of top-level appointments were women, placing cabinet-level female representation in Kentucky in the top 15 in the United States.

During the Paul Patton administration, more women have held top administrative positions and seats on the 300 state boards and commissions than at any other time in Kentucky's history. Governor Patton is committed to establishing an inclusive government, and his top-level appointments demonstrate this commitment. Patton's 16-member cabinet has more women, blacks, and Republicans than any previous Democratic administration. "In 1995, women held only 22 percent of the appointed positions on boards and commissions. Although Governor Paul Patton has made important strides in this area, making women more than 45 percent of his appointments to state boards and commissions, staggered terms have meant that no one governor could reverse past discrimination."²⁴³

To ensure that Kentucky women are represented in the policymaking process, the Kentucky Commission on Women (KCW) was created during Governor Edward Breathitt's administration. Numerous states have developed similar state-based infrastructures. These resources include Women's State Agenda Projects (in 36 states); Commissions on the Status of Women (in 37 states); and legislative caucuses (in 19 states).²⁴⁴ Since 1984, the KCW has cooperated with the Cabinet for General Government as an administrative body attached to the Governor's Office. KCW has been active in bringing together organizations and interested parties to discuss issues affecting women and create strategies for addressing them. Specific focus has been brought to such issues as violence against women and children; gender fairness in the courts, the media, and the educational system; family-friendly policies; economic/pay equity; and health care reform. As head of his party, Governor Patton has encouraged women to run for political office and pursue seats on state boards and commissions. His administration has also actively worked to educate the public about the past and present contributions of women.

Political Leadership Opportunities for Women in the New Millenium

The future well-being of women in Kentucky is inextricably tied to the increased development of women as public leaders in the new millenium. Organizations such as the Kentucky Women's Leadership Network, Kentucky Women Advocates, Kentucky Women's Political Caucus, the Kentucky Commission on Women, Eastern Kentucky Women in Leadership, and Leadership Kentucky have been instrumental in fostering training and networking opportunities for women across the state. According to University of Louisville Professor Mary Hawkesworth, "Without strong party support, women in other states have relied on women's groups and political networks to forge winning electoral coalitions. National data suggest that women's networks flourish in states where the population is highly educated, where women have achieved economic independence, and where both men and women recognize that the perpetuation of male dominance in politics deprives women of a fair share of public roles and unnecessarily limits the talent available to solve pressing public problems. Kentucky, unfortunately, lags behind the nation in the percentage of its population completing higher education, in pay equity for women, and in the development of a political culture that recognizes equality as a political value."²⁴⁵

If more Kentucky women are to achieve local, state, and national elected and appointed positions, fundamental needs must be met. They include sufficient political and civic capital; increased campaign monies; the energies of committed women's organizations; the grooming of women candidates by political parties; and the support of individual female leaders. At all levels, women in public service must become mentors and role models for those climbing the ladder to leadership positions.

²⁴³ Hawkesworth.

²⁴⁴ Center for Policy Alternatives, "The State of the States for Women and Politics" (Washington, DC: 1995) 9-15.

²⁴⁵ Hawkesworth.

According to Sylvia Lovely, executive director of the Kentucky League of Cities, our traditionalistic political culture lacks female civic capital—an army of “city mothers,” women in local leadership positions and as members of municipal and county boards and commissions. Local female leaders need to become mentors for other women; at present few do. In fact, at times, women do not even have the political and financial support of other women in both urban and rural communities throughout the Commonwealth.²⁴⁶ However, Lovely is encouraged: “Women are moving through the local ranks and are emerging, especially in small communities, as bank presidents, as chairs and chief executive officers of Chambers of Commerce, and into other positions of business and academic leadership. It should be natural then for women to make the leap as men have done to public service. Women in public service often approach challenges from a new perspective and bring diverse groups together to find solutions to complex problems. Those who invest their leadership skills at the local level gain invaluable experience in community development, public administration, budgetary requirements, and civic awareness—all necessary prerequisites to higher elected office.”²⁴⁷

Representative Eleanor Jordan is impressed by the current crop of female legislators, “The women now serving in the Kentucky legislature, both Democratic and Republican, bring a fresh and new perspective to the legislative and political processes and serve as a testament to the differences that gender can make in how we govern ourselves. Women will increasingly become major players on the political field of Kentucky’s future.”²⁴⁸ But Jordan, the lone African-American female legislator, views the prospect of increased black female representation as bleak. “I’ve looked at our state and I’ve wondered where we could find another African-American female to help me out, but I don’t think that is going to happen. . . . I’m going to be overworked because I’m going to keep demanding that when we look at education for women, that we look at education for black women, when we look at child care for children, we’ve got to see how it is affecting black children.”²⁴⁹

According to Representative Mary Lou Marzian, “Parties need to play a greater role in promoting women to run for office. And it is important for women to get in the pipeline of either party to be appointed to boards and commissions throughout the state. Women need to really be pushy and not sit back. We need to demand that we get put on boards and commissions all across the state. We need women in leadership in the House and Senate on both sides of the fence.”²⁵⁰

Conclusion

This chapter presents information about the role of women in Kentucky politics—a role that, while diminished, is critical to the future well-being of women in the Commonwealth. Today, the state has a critical shortage of women at the highest levels of Kentucky political office: 52 percent of the population occupies 12 percent of the state legislature, despite the disproportionately high percentage of women who are active in the campaigns of the other 88 percent and despite the success of large numbers of women as local elected officials. At the highest level, women are, in effect, second-class citizens. The unique experiences of women and their perspectives and insights into Kentucky’s problems are generally accepted but only as those of supporters, advisors, and implementers of a male decisionmaking process.

Across the Commonwealth, female leaders agree about what must happen in the new millenium. As Sylvia Lovely observes, “If women want to see greater influence in the business and political world, more voice in the process of policymaking and shifts in the balance of power, they must begin by supporting one another in their efforts, becoming involved in organizations committed to increasing the visibility and advancement of women, and committing talents and time to local community service and leadership.”²⁵¹ Kentucky women must become the leading civic entrepreneurs of the 21st century.

²⁴⁶ Interview with Sylvia Lovely, 9 June 1998.

²⁴⁷ Sylvia Lovely, “Making an Impact: Opportunities for Leadership Begin at the Local Level,” *Kentucky Journal* April/May 1998: 10-11.

²⁴⁸ Jordan.

²⁴⁹ Interview with Representative Jordan, 9 June 1998.

²⁵⁰ Interview with Representative Marzian, 9 June 1998.

²⁵¹ Lovely 11.

The Health Outlook for Women in Kentucky

By Michal Smith-Mello
Caroline Pogge, Joyce Beaulieu, and Kevin Lomax

The realization of any future goal for women in Kentucky will be contingent upon a good health status. The aging of the population and the shift to preventive care it is compelling are profoundly influencing the future of health care. In Kentucky, dramatic breakthroughs in health and medical research may be circumscribed by poverty and undereducation, which are strongly associated with poor health outcomes.

The health status of women in Kentucky has an immeasurable impact on the roles they play in the social and economic life of the Commonwealth. From the quality of family and community life women enjoy, to the ability to realize their full earnings potential, to overall life expectancy, good health is, as those who are without it so quickly remind us, everything. Consequently, a continuously improving health status is key to the realization of any long-term goal for women of the Commonwealth. Without it, all goals will be compromised.

The health future before women—and men—is being redefined at an astonishing pace by breakthroughs in medical research. Our understanding of health and our ability to control and manage the diseases and conditions that end and abbreviate life are growing rapidly. This knowledge will almost certainly extend life expectancy and improve quality of life. At the same time, policy-makers continue to grapple with the seemingly insoluble dilemma of how to construct a health care delivery system that expands access, controls costs, and assures quality of care. This unresolved dilemma has a profound influence on the lives of many Kentucky women who, for a variety of reasons, do not have health insurance. Indeed, trends suggest that a growing number of Kentucky women may have limited or little access to the mainstream of health care and are thus excluded from the benefits of medical advances.

Even as we struggle to establish a system of care that is more inclusive, new and unprecedented attention is being brought to the health needs of women. Advances in reproductive health, expanding knowledge of health risks, disease, and treatment in women, and the arrival of the largest female generation in U.S. history at a life stage previously discussed only in whispers have combined to bring new attention to women's health. This intensified focus has buoyed a somewhat controversial movement to make women's health a medical specialty in its own right.²⁵² And it has fostered the development of women's health centers in medical centers around the nation. At their best, these centers are dedicated to the understanding and advancement of women's health. As entrepreneurial ventures, they are designed to attract health care's best customers.

The movement has arrived in Kentucky. Health care institutions around the state are marketing a range of services to women, from delivery rooms that mimic the comforts of home to lectures on hormone replacement therapy. The University of Kentucky Medical Center has sought official rec-

²⁵² "Women's Medicine as a Specialty?" *The New York Times* 22 June 1997.

ognition as a national center of excellence in women's health that will address the unique health care needs of Kentucky's rural and disproportionately poor female population. Moreover, the General Assembly has mandated the creation of an Office of Women's Health though it remains unfunded.

Unfortunately, the promising future that the movement in women's health portends could be circumscribed for women in Kentucky. Demographic and lifestyle trends, coupled with historically high rates of poverty and undereducation that have yielded little ground in the present buoyant economy, suggest that women in Kentucky will continue to face many obstacles to optimum health in the years ahead.

Across every age group, the same issues that underpin virtually every public policy dilemma in the state will continue to affect the future health status of women. Disproportionate poverty not only limits women's access to health care, it is also linked to behaviors and lifestyle choices that exacerbate health risks. Socioeconomic status, research consistently shows, has everything to do with the quality of one's health. Quite simply, the poor, who are typically undereducated, are more likely to suffer from chronic disease, to die prematurely, and to make the very choices that increase the likelihood of these outcomes. And women of all races, particularly single mothers, are far more likely to be poor than men. As a consequence, the future health status of women in Kentucky remains inextricably linked to how we reckon with the awful legacy of poverty and undereducation, which virtually predetermines impoverishment.

Increasingly, the health of women will be linked to the aging of our population. Demographic trends suggest that the population of older citizens will continue to be predominantly female for some time and, in Kentucky, disproportionately poor. Already, the public health emphasis is shifting to the chronic diseases that afflict and ultimately kill older women. At the same time, our patchwork health care system confronts the costs of caring for an aging population that, some predict, will escalate out of control as Baby Boomers age. Expanding female longevity, the inappropriateness of a health care delivery system focused on disease treatment rather than prevention, and costs that are already pushing the envelope of affordability will help shape a new frontier in women's health. Preventive care, suggests Dr. Deborah Gomez Kwolek, Medical Director of the Chandler Medical Center's Women's Health Center, must become its primary focus.

Mortality and Behavioral Risk

Epidemiologists and public health experts who seek ways to improve and extend life routinely examine the circumstances that cause death. In addition to the clues to life that they offer, today's leading causes of death are emblematic of dramatic advances in women's reproductive health over the past century. In contrast to the turn of the century when women died at an average age of 47, most often from infectious diseases or complications associated with pregnancy or childbirth,²⁵³ diseases generally associated with advanced age are now the leading causes of death among women. Today, the same chronic conditions that afflict and kill most men—heart disease, cancer, and stroke—account for 65 percent of U.S. women's deaths.²⁵⁴ In 1996, 64.1 percent of women's deaths in Kentucky were attributed to these causes.²⁵⁵ As shown in Figure 25, women and men in the Commonwealth have mortality rates for the leading causes of death that exceed the nation's as a whole.

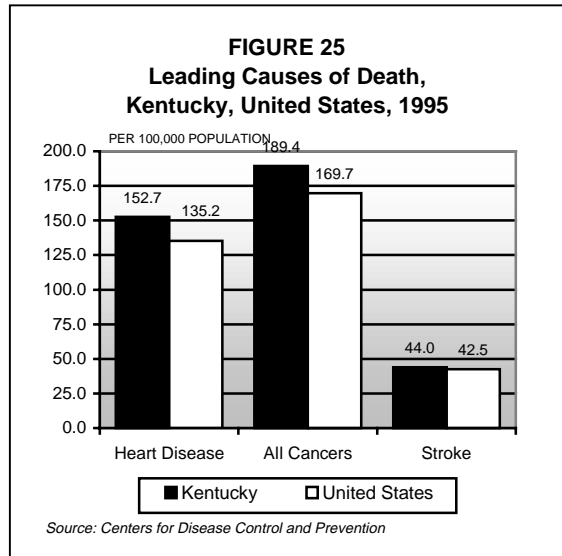
²⁵³ Agency for Health Care Policy and Research (AHCPR), *Women's Health Highlights* (Rockville, MD: National Institute of Health, 1998) online, Internet at: www.ahcpr.gov/research/womenh1.htm.

²⁵⁴ AHCPR.

²⁵⁵ Kentucky State Center for Health Statistics, *Kentucky Annual Vital Statistics Report, 1996* (Frankfort, KY: Cabinet for Health Services, 1997).

On average, white women in the United States lived 79.6 years in 1994-95 while black women lived 74.0 years, compared to 73.4 years for white men and 65.4 years for black men.²⁵⁶ Today, women in Kentucky enjoy longevity that parallels the national average while men's lives are more abbreviated here. Over the course of the 1986-1996 decade, the median age at death for women in Kentucky increased two years from 77 in 1986 to the national average of 79 in 1996 while the median age at death for men increased one year from 71 to 72.²⁵⁷

While women of all races usually live longer than men in the United States, as the federal Agency for Health Care Policy and Research notes, "They do not necessarily live those extra years in good physical and mental health."²⁵⁸ Consequently, a central public health challenge is that of empowering women with the information they need to prevent and control health risks, as well as the conditions and diseases that accompany aging. In Kentucky, reducing risk factors that contribute to leading causes of death and illness will be critically important to the future health status of women.



Heart Disease. Chronic diseases of the cardiovascular system now figure prominently in the mortality of women. Indeed, largely due to the aging of the population, one in two women will eventually die as a result of heart disease or stroke.²⁵⁹ While mortality attributed to these diseases increases dramatically as women age, an estimated one quarter of strokes occur in women under the age of 65.²⁶⁰ The ascendance of these chronic illnesses in the mortality of women has effectively rendered the infectious disease treatment models around which our health care system is oriented inappropriate. If their devastating effects on women's health and longevity are to be alleviated, health/wellness education and counseling and lifelong preventive care will need to become the operative models for caregiving.

That heart disease is the leading cause of death among women seemed, until recent years, to be a well-kept public health secret. A reflection of the expansion of our older population and the feminization of aging, the raw number of deaths attributed to heart disease has actually increased slightly (1.5 percent) even as the female death rate for cardiovascular disease has declined (18.8 percent between 1985 and 1995).²⁶¹ In raw numbers, deaths among U.S. women have actually exceeded those among men since 1984, according to the American Heart Association.²⁶² But awareness of heart disease among women, which causes more than one third of all female deaths in the United

²⁵⁶ National Center for Health Statistics, Centers for Disease Control and Prevention, "Births and Deaths for 1995," Hyattsville, Maryland, Oct. 1996 online, Internet at: www.hhs.gov/cgi-bin/waisgat.

²⁵⁷ The Kentucky State Center for Health Statistics provided these data.

²⁵⁸ AHCPR.

²⁵⁹ Lori Mosca, JoAnn F. Manson, Susan E. Sutherland, Robert D. Langer, Teri Manolio and Elizabeth Barrett-Conner, "Cardiovascular Disease in Women: A Statement for Healthcare Professionals from the American Heart Association," online, Internet, 17 July 1998 at: www.americanheart.org/Scientific/statements/1997/109701.html.

²⁶⁰ American Heart Association (AHA), "Brain Attack—Are You at Risk?" online, Internet 17 July 1998, at: www.americanheart.org/Stroke/BrAttk/facts.htm.

²⁶¹ AHA, "Women and Cardiovascular Diseases," online, Internet, 3 Aug. 1998 at: www.americanheart.org/Heart_and_Stroke_A_Z_Guide/biowo.html.

²⁶² AHA, "Women . . ."

States,²⁶³ is growing as new research emerges. In general, long-lived U.S. women tend to confront heart disease some 10 years after men,²⁶⁴ but for a variety of reasons, 44 percent of women face mortality within a year of a heart attack compared to 27 percent of men.²⁶⁵ Nationally, African-American women are at especially high risk; coronary heart disease death rates among black women are 35 percent higher than among white women, while stroke mortality runs 71 percent higher.²⁶⁶

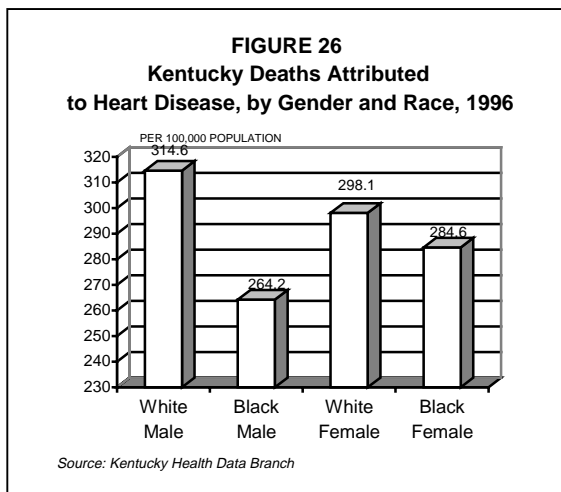
In spite of its prominent role in the mortality of women, heart disease in women is not well understood. Because women have been 25 percent less likely to be included in clinical trials for heart attack treatments,²⁶⁷ the very foundation of knowledge on which treatment protocols for women are based is, in all likelihood, fundamentally flawed. Moreover, research shows that women are treated less aggressively than men are after a heart attack, are more likely to die in the hospital after a heart attack or after bypass surgery or angioplasty, and are less likely to receive life-saving drugs for heart attacks.²⁶⁸ As Dr. Kwolek notes, our knowledge about how diseases present and therapies work differently in women must be expanded if we are to achieve more effective health caregiving.

And advanced age cannot be blamed solely for the higher risk that female heart patients face. Research reported in *The Annals of Thoracic Surgery* in July 1998 found that among men and women with identical risk factors, women still fared more poorly after bypass surgery. When outcomes from a massive national database of 1996-1997 heart surgery medical records were examined by risk factors, it was found that even among those candidates with the lowest risk factors, people under age 70, 2.2 percent of women died compared to 1 percent of men. Even relative youth was no assurance of similar outcomes for men and women; 2.4 percent of women under 50 died compared to 1.1 percent of men.²⁶⁹

Research also suggests that women's coronary symptoms often go unacknowledged or untreated due to low levels of awareness among women and their doctors. For example, a recent study published in the *Journal of the American College of Cardiology* found that women are 50 percent more likely to die from their heart attacks than men. While much of the difference is attributable to age

and illness, women are still 13 percent more likely than men to die of a heart attack. The study found a significant difference between men and women in the lapse of time between the onset of symptoms and arrival for treatment at a hospital. On average, men are likely to arrive at the hospital almost an hour before women, within 5.3 hours compared to 6.2 hours, creating potentially critical delays in diagnosis and treatment. Women also are 31 percent less likely to receive clot-dissolving drugs that must be administered within six hours of a heart attack to be effective.²⁷⁰

In Kentucky, heart disease is the leading cause of death among men and women, black and white. Moreover, the rate of death due to



²⁶³ Agency for Health Care Policy.

²⁶⁴ "Women's Health Fact Sheet," Society for the Advancement of Women's Health Research, Washington, DC.

²⁶⁵ AHA, "Baby Boomers and Cardiovascular Disease: Biostatistical Fact Sheet," online, Internet, 18 Aug. 1998 at: http://207.211.141.25/Heart_and_Stroke_A_Z_Guide/biobb.html.

²⁶⁶ AHA, "Women, Heart Disease and Stroke Statistics," online, Internet 18 Aug. 1998 at: www.americanheart.org/Heart_and_Stroke_A_Z_Guide/womens.html.

²⁶⁷ AHCPR.

²⁶⁸ AHCPR.

²⁶⁹ Laura Neergaard, "Bypass Risk Higher in Women than Men," *Lexington Herald-Leader* 30 July 1998, C9.

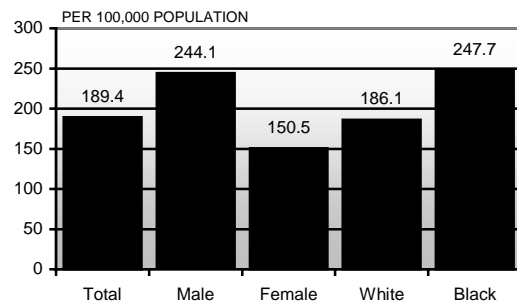
²⁷⁰ Sandra Gan, "Gender Differences of Therapy of Acute Heart Attacks of Men and Women," *Journal of the American College of Cardiology* March 1998.

heart disease has exceeded the national average for many years. In spite of above-average death rates, new, more effective treatment regimens and more healthy lifestyles have helped diminish the toll of heart disease in Kentucky. Overall, the percentage of deaths in Kentucky attributable to heart disease has declined significantly from 39.2 percent in 1970 to 31.7 percent in 1996 while the percentage of deaths attributable to cancer has risen sharply.²⁷¹ As shown in Figure 25, all cancers combined cause a higher number of deaths per 100,000 population than heart disease alone. As shown in Figure 26, the heart disease death rate, the number of deaths per 100,000 population, has remained higher among men and higher among both white men and women than among black men and women in Kentucky.²⁷²

Cancer. Nationally, the overall incidence of cancer and cancer death rates has declined in recent years, but this overall decline offers small comfort in the Commonwealth where cancer mortality rates are among the highest in the nation. After a decade (1970-1980) of little change, Kentucky deaths due to heart disease dropped almost 8 percentage points between 1980 and 1996 while cancer figured in a steadily increasing portion of deaths in the Commonwealth, up from 16.1 percent of all deaths in 1970 to 24.4 percent of all deaths in 1996.²⁷³ Between 1971 and 1996, the rate of cancer deaths in Kentucky increased 42.3 percent, from 164.0 to 233.3 per 100,000 population.²⁷⁴ While higher cancer death rates are clearly related to the aging of the population, only Delaware and the District of Columbia are predicted to have higher 1998 cancer death rates than Kentucky.²⁷⁵

The story of cancer in the lives and deaths of women is also changing. Important and significant attention has been focused on cervical cancer and breast cancer, which is the most commonly occurring cancer among women of virtually every race and ethnicity²⁷⁶ and was the major cause of death among women for over 40 years.²⁷⁷ However, lung cancer deaths among women in the United States have exceeded breast cancer deaths every year since 1987.²⁷⁸ Between 1973 and 1991, lung cancer mortality rates among women under the age of 65 increased 73.7 percent and 212.5 percent among women over age 65.²⁷⁹ U.S. women rank fourth among 50 other nations in lung cancer mortality rates.²⁸⁰ In spite of improved early detection and new treatments, lung cancer remains difficult to detect in its early stages. As a consequence, only 14 percent of white women and 11 percent of black women survive with it for 5 years, compared to 66

FIGURE 27
All Cancer Death Rates,
by Gender and Race, Kentucky, 1995



Source: Centers for Disease Control and Prevention

²⁷¹ KY Center for Health Statistics, 1996.

²⁷² KY Center for Health Statistics, 1996.

²⁷³ KY Center for Health Statistics, 1996.

²⁷⁴ Kentucky Division of Epidemiology, *Healthy Kentuckians 2000, Mid-Decade Review* (Frankfort, KY: Cabinet for Health Services, 1996); KY Center for Health Statistics, 1996.

²⁷⁵ American Cancer Society (ACS), "Cancer Facts and Figures 1998," online, Internet, 16 July 1998 at: www.cancer.org/statistics/cff98/graphicaldata.html.

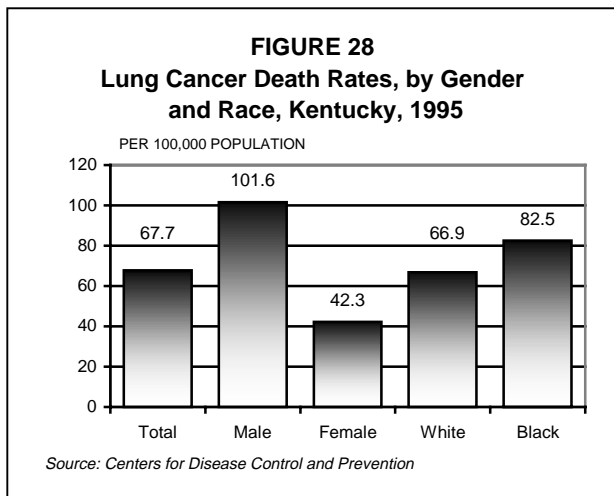
²⁷⁶ ACS, "Cancer Facts and Figures, 1998: Tobacco Use," online, Internet, 16 July 1998 at: www.cancer.org/statistics/cff98/tobacco.html.

²⁷⁷ ACS, "Cancer Facts & Figures-1997," online, Internet 16 July 1998, at: www.cancer.org/statistics/97cff/97tabp20.html.

²⁷⁸ National Cancer Institute (NCI), "Background: Lung Cancer," online, Internet, 3 Aug. 98, at: <http://rex.nci.nih.gov/massmedia/backgrounders/cancerlung.html>.

²⁷⁹ NCI, "Cancer Statistics," online, Internet, 5 Aug. 1998 at: www.nci.nih.gov/public/factbk/und65.htm and <http://www.nci.nih.gov/public/factbk/ovr65.htm>.

²⁸⁰ NCI, "Cancer Death Rates among 50 Countries," online, Internet, 3 Aug. 1998, at: http://rex.nci.nih.gov/NCI_Pub_Interface/raterisk/rates40.html.



percent of black women and 82 percent of white women with breast cancer.²⁸¹

This year, the trend of rising lung cancer rates among women is expected to continue on its upward trajectory, further narrowing the gap between lung cancer incidence and mortality among men and women. In 1998, an estimated 80,100 U.S. women were predicted to be diagnosed with lung cancer compared to 91,400 men; 93,000 men and 67,000 women were expected to die from lung cancer.²⁸² In Kentucky, an estimated 3,600 new cases of lung cancer and 3,300 deaths due to lung cancer are anticipated in 1998.²⁸³ As shown in Figure 28, lung cancer death

rates were considerably higher among men in Kentucky and among black Kentuckians in 1995, according to the Centers for Disease Control and Prevention.

As with heart and cardiovascular disease, African-American women are more likely to be stricken with lung cancer, but the black-white gap is closing. Over the most recent decades, the average rate of lung cancer incidence has increased more among white women, 136 percent compared to 116 percent between 1973 and 1995, narrowing the historically higher incidence rate among black women. According to National Cancer Institute data, the 1973-1974 average incidence rate among black women was 21.3 compared to 18.8 for white women. The 1994-1995 age-adjusted, average incidence rate among U.S. black women was 46.1 cases per 100,000 population compared to 44.4 among white women.²⁸⁴

Importantly, breast cancer, which affects one in eight women in the United States and is, as shown in Table 17, the leading site of cancer among women in Kentucky, is the leading cause of death in women aged 40 to 55.²⁸⁵ Most women (77 percent) are over the age 50 when first diagnosed with breast cancer.²⁸⁶ While lung cancer is more deadly, more than one in every four women who are diagnosed with breast cancer die from what is the most common form of malignancy in U.S. women.²⁸⁷ This year, the American Cancer Society estimates that 2,900 new cases of breast cancer

TABLE 17 LEADING SITES OF CANCER INCIDENCE, BY GENDER, KENTUCKY, 1996	
Women	Men
Breast (27.2%)	Lung (23.6%)
Lung (12.8%)	Prostate (21.6%)
Colorectal (11.6%)	Colorectal (12.6%)

Source: Kentucky Cancer Registry

will occur in Kentucky and 700 of women's deaths will be attributed to the disease.²⁸⁸ While some mistakenly believe that breast cancer is largely a hereditary disease, recent studies suggest that genetic defects may account for only about 5 percent to 10 percent of cases.²⁸⁹ The remaining cases have unknown origins, but some researchers believe environmental and behavioral factors, such as exposure to estrogen-like chemicals, smoking, or high-fat diets may be important causal factors.²⁹⁰

²⁸¹ NCI, "Cancer Statistics" at: www.nci.nih.gov/public/factbk/5yr.htm.

²⁸² ACS, "Estimated New Cancer Cases and Deaths by Sex," Internet, online at: www.cancer.org/statistics/95crr/crrtobac.html.

²⁸³ ACS, "1998 Facts and Figures," online, Internet, 16 July 1998 at: www.cancer.org/statistics/cff98/graphicaldata.html.

²⁸⁴ NCI, "SEER Cancer Statistics Review 1973-1995," Table XV-13, online, Internet.

²⁸⁵ AHCPR.

²⁸⁶ ACS, "Breast Cancer Network," online, Internet, 24 Sept. 1998 at: www.cancer.org.

²⁸⁷ AHCPR.

²⁸⁸ ACS, "1998 Facts . . ."

²⁸⁹ ACS, "What Are the Risk Factors for Breast Cancer?" Breast Cancer Network, online, Internet, 21 Sept. 1998 at: www.cancer.org.

Daunting as national statistics are, cancer incidence and mortality rates in Kentucky consistently exceed national rates. Among those sites that are most likely to affect and kill women—breast, lung, and colorectal cancers—women in Kentucky are at significantly higher risk than the average U.S. woman. As Janet Larson Braun, coordinator of the Women’s Health Center at the University of Kentucky observes, “Kentucky lights up like a Christmas tree,” on maps of disease incidence. Cancer is prominent. This year, the American Cancer Society estimates that the overall rate of new cancer cases in Kentucky will rank sixth nationally with a rate of 527.1 per 100,000 population, compared to a national rate of 459.²⁹¹

Similar patterns in mortality are also evident in Kentucky. According to the National Cancer Institute, lung cancer mortality rates among women in Kentucky between 1991-1995 ranked behind only those of Nevada.²⁹² Kentucky’s female rate of death from cancers of the lung and bronchus for 1991-1995 stood at 41.8 deaths per 100,000 population compared to a national rate of 33.3.²⁹³ Dur-

ing the same time period, lung cancer death rates among men in Kentucky led the nation at a rate of 104 per 100,000 population compared to a national rate of 72.²⁹⁴ As illustrated in Table 18, similarly high mortality rates were also evident in colorectal cancer and cancer of the cervix or uterus, for which Kentucky has the second

Type of Cancer	FEMALE			MALE		
	KY Rank	KY Rate	U.S. Rate	KY Rank	KY Rate	U.S. Rate
Lung & Bronchus	2	41.	33.	1	104.0	72.0
Female Breast	28	25.1	26.0	—	—	—
Colorectal	10	16.4	14.9	12	24.0	21.9
Cervix Uteri	2	3.9	2.8	—	—	—

Source: SEER Cancer Statistics Review, National Cancer Institute

highest rate of death in the nation. Female breast cancer mortality rates, however, were slightly lower for the period than the national rate.

Strokes. The third leading cause of death among women in the United States and in Kentucky is cerebrovascular disease or strokes. Every year, according to the American Heart Association, about 8 percent of U.S. women’s deaths are attributable to stroke.²⁹⁵ Here in Kentucky, 9.5 percent of 1996 female deaths were caused by these devastating cerebrovascular accidents.²⁹⁶ Though cerebrovascular disease has caused a declining portion of deaths in the Commonwealth, 7.6 percent in 1996 compared to 11.8 percent in 1970,²⁹⁷ strokes remain a serious threat to women’s health. Mortality rates are significantly higher among women than men; more than three of five stroke deaths occur in women and those numbers are increasing.²⁹⁸ And, among African-American women, the U.S. death rate is 71 percent higher than among white women.²⁹⁹ Stroke mortality rates among black women here in Kentucky, however, have been lower than among white women in recent years.³⁰⁰

²⁹⁰ ACS, “What Are. . . ?”.

²⁹¹ Kathleen O’Leary Morgan, Scott Morgan and Mark A. Uhlig, eds., *Health Care State Rankings 1998*, 6th ed. (Lawrence, KS: Morgan Quitno, 1998).

²⁹² NCI, *SEER Cancer Statistics Review, 1973-1995* Bethesda, MD: National Cancer Institute, online, Internet at: www.nci.gov.

²⁹³ NCI, *SEER Cancer Statistics Review*.

²⁹⁴ NCI, *SEER Cancer Statistics Review*.

²⁹⁵ AHA, “Brain Attack—Are You at Risk?” online, Internet, 17 July 1998, at: www.americanheart.org/stroke/BrAttck/facts.htm.

²⁹⁶ KY Center for Health Statistics, 1996.

²⁹⁷ KY Center for Health Statistics, 1996.

²⁹⁸ AHA, “Brain . . .”

²⁹⁹ AHA, “Brain . . .”

³⁰⁰ KY Center for Health Statistics, 1994, 1995 and 1996.

Importantly, strokes are also the leading cause of serious, long-term disability,³⁰¹ which not only exacts an immeasurable human toll but a societal one as well. The estimated direct and indirect costs of strokes were placed at \$250 billion in 1997 alone.³⁰² An estimated 2 million U.S. women are living with the consequences of strokes.³⁰³ Consequently, prevention of this often catastrophic disease is key to the future of women's health. While we have made great strides in treating high blood pressure, the most significant risk factor for strokes, we appear to be losing ground in many behavioral risk categories that could help prevent strokes and heart disease, two principal killers of women.

TABLE 19
PERCENT OF WOMEN, AGE 50 AND OLDER, WHO HAVE HAD A MAMMOGRAM WITHIN PAST TWO YEARS, KENTUCKY, 1997

Age	
50-59	75.4%
60-69	69.2%
70+	61.6%
Race	
White	69.0%
Black	60.7%
Marital Status	
Married	76.3%
Divorced	69.7%
Widowed	56.5%
Never Married	69.2%
Income	
<\$10,000	55.8%
\$10-\$14,000	54.4%
\$15-\$19,999	63.4%
\$20-\$24,000	60.2%
\$25-\$34,999	83.4%
\$35-\$49,000	79.8%
\$50-\$74,900	85.6%
>\$75,000	100%
Employment	
Employed	77.0%
Self-Employed	82.8%
Out of Work >1 yr.	50.8%
Out of Work <1 yr.	43.7%
Homemaker	65.8%
Retired or Disabled	65.9%
Education	
Elementary School	53.0%
Some High School	56.9%
High School or GED	74.5%
Some College or Tech	78.3%
College Degree	83.2%

Source: Behavioral Risk Surveillance System, 1997; Analysis by UK Center for Health Services Management and Research

Early Detection. Clearly, early detection and treatment of diseases that have a dramatic impact on female longevity is key to extending life and improving the health of women. While Kentucky has made great strides toward ensuring broad access to mammography and Pap smears, obstacles remain. Poverty, inadequate or no health insurance coverage, fear, isolation, lack of knowledge, and cultural norms all play roles of varying importance in keeping women from getting the very tests that could detect breast and cervical cancers at their earliest and most treatable stages and enable proper management of conditions that lead to more serious health consequences.

In spite of the obstacles that remain, concerted attention to reproductive health has dramatically expanded the ranks of women who have had Pap smears and mammograms to screen for cervical and breast cancers. The American Cancer Society recommends annual mammograms for women over age 40, and the importance of these routine exams increases with age. An estimated 77 percent of women with breast cancer are over the age of 50 when diagnosed, according to the American Cancer Society. Annual Pap smears are also recommended by the American Cancer Society for all sexually active women age 18 years or older.

The percentage of women in Kentucky who have had Pap smears and mammograms has increased steadily over the years. Between 1994 and 1996, state health behavior surveys found that the percentage of women who reported not having had a Pap test in the past three years declined slightly to an estimated 25 percent of women 18 and older.³⁰⁴ About 8 percent of women in Kentucky report *never* having had a Pap test.³⁰⁵ The Centers for Disease Control and Prevention report that 35.7 percent of Kentucky women age 50 and older have not had a mammogram in the past two years.³⁰⁶ African-American women age 50 and older in the Commonwealth were considerably more likely to have had a mammogram. Only 21 percent of those

³⁰¹ AHA, "Brain . . ."

³⁰² Mosca et al.

³⁰³ AHA, "Brain . . ."

³⁰⁴ KY Div. of Epidemiology, *Health Behavior Trends* 15.

³⁰⁵ KY Div. of Epidemiology, *Health Behavior Trends* 15.

³⁰⁶ Centers for Disease Control and Prevention (CDC), *Chronic Diseases and Their Risk Factors: The Nation's Leading Causes of Death* (Washington, DC: U.S. Department of Health and Human Services, 1998) 152.

interviewed reported not having had a mammogram in the past two years.³⁰⁷

As illustrated in Table 19, the most recent Behavior Risk Factor Survey found that women in the state who are lower income, older, unemployed, undereducated, widowed or separated, or African-American are the least likely to have had a mammogram.³⁰⁸ Access to health care appears a strong predictor of whether women get recommended mammograms, as the lowest rates of mammogram screening are seen among women who are unemployed or, income levels suggest, working but poor. Women in households with incomes below \$24,000 were far less likely to have had mammograms than those in households with higher incomes.

Behavioral Risk. A single behavioral risk factor—smoking—is linked to the major causes of female mortality, as well as to a range of illnesses that have ruinous effects on women's health and cut their lives short. Though smoking-attributable diseases are the most important single preventable cause of death in the United States³⁰⁹ and smoking is the most significant risk factor for heart attacks and the cause of nearly one third (30 percent) of all cancer deaths,³¹⁰ the veracity of this message has failed to resonate in Kentucky. Instead, as illustrated in Table 20, Kentucky had the highest 1996 population of female—and male—smokers in the United States,³¹¹ a predictor of costly and devastating health outcomes. Only Nevada had higher death rates from lung cancer among women between 1991 and 1995. And smoking rates appear to be rising here among both women and adolescent girls, according to Behavioral Risk Factor Surveys conducted by the Kentucky Department for Public Health and the Kentucky Department of Education. Further, if national smoking trends are followed in the Commonwealth, more women than men are expected to become smokers by the year 2000.³¹² Though more men than women in Kentucky now report being smokers, youth smoking rates suggest the difference could soon be erased.

TABLE 20	
STATE RANKINGS OF SMOKING RATES AND LUNG & BRONCHUS CANCER MORTALITY RATES AMONG WOMEN	
Percent of Women Who Smoke, 1996	Mortality Rates per 100,000 Population, 1991-95
1. Kentucky (29.5%)	1. Nevada (46.0)
2. Nevada (27.9%)	2. Kentucky (41.8)
3. Missouri (26.7%)	3. West Virginia (41.3)
4. Indiana (26.0%)	4. Delaware (41.2)
5. West Virginia (25.5%)	5. Alaska (40.0)
<i>Source: Centers for Disease Control and Prevention and the National Cancer Institute</i>	

High rates of smoking portend a future of disease and premature death. In the case of lung cancer, the majority of deaths are attributable to smoking³¹³ while smoking is linked to nearly a fifth of all deaths from cardiovascular disease.³¹⁴ Studies also show that female smokers who use birth control pills are more likely to have a heart attack or a stroke

than women who neither smoke nor use oral contraceptives.³¹⁵ Indeed, almost half of continuing smokers die prematurely, according to the American Cancer Society, and about half of them die in middle age (35-69 years), losing an average of 20 to 25 years of life.³¹⁶

³⁰⁷ CDC, *Chronic Diseases* . . . 152.

³⁰⁸ Based on tabulations from the 1997 Behavioral Risk Factor Surveillance System.

³⁰⁹ Surgeon General of the United States, *Reducing the Health Consequences of Smoking: 25 Years of Progress*, DHHS Publication No. (CDC) 89-8411 (Washington, DC: U.S. Department of Health and Human Services, 1989).

³¹⁰ ACS, "Cancer Risk Report 1995" Internet, online at: www.cancer.org/statistics/95crr/crrrtobac.html.

³¹¹ Morgan et al.

³¹² Mosca et al.

³¹³ Donald R. Shopland, "Cigarette Smoking as a Cause of Cancer," Division of Cancer Prevention and Control, National Cancer Institute, Bethesda, Maryland, Internet online at: http://rex.nci.nih.gov/NCI_Pub_Interface/raterisk/risks67.html.

³¹⁴ AHA, "Cigarette/Tobacco Smoke Biostatistical Fact Sheets," online, Internet, 3 Aug. 1998 at: www.americanheart.org/Heart_and_Stroke_A_Z_Guide/biocci.html.

³¹⁵ AHA, "Cigarette/Tobacco Smoke . . ."

In addition to its role in heart disease and lung cancer, smoking has also been linked to numerous other cancers, including cancers of the uterus and cervix, for which Kentucky had the second highest rate of cancer mortality of any state in the nation between 1991-95.³¹⁷ Only the District of Columbia had higher rates. Moreover, some research suggests links between smoking and colorectal cancers,³¹⁸ for which female mortality rates in Kentucky are well above the national average.³¹⁹ According to reports from the U.S. Public Health Service, smoking also “substantially elevates the death rates for cancers of the bladder, kidney and pancreas in both men and women.”³²⁰ And research now suggests that in addition to its contributions to low-birth weights and other infant disorders, prenatal maternal smoking may affect the likelihood that adolescent daughters will smoke, thus passing high-risk behavior and its attendant long-term health consequences on to the next generation.³²¹

TABLE 21 Prevalence of Current Smokers, by Gender and Race, Kentucky, 1994-1996 (percent of population)			
Year	1994	1995	1996
Total Population	28.8%	27.8%	31.6%
Gender			
Male	30.5%	28.8%	34.0%
Female	27.2%	26.9%	29.5%
Race			
White	28.6%	28.2%	31.8%
Nonwhite	30.6%	23.4%	28.7%
Source: Kentucky Department for Public Health, <i>Health Behavior Trends, 1994-1996</i>			

Planning in the Department for Public Health show a rising prevalence of smoking. As illustrated in Table 21, smoking rates for the total population rose nearly three percentage points between 1994 and 1996. Among nonwhite Kentuckians, however, smoking rates declined between 1994 and 1996.

Because more than 80 percent of adults who have ever smoked started by age 18,³²⁴ youth smoking patterns are key indicators of future outcomes for women in Kentucky. In its June 1996 report, *Healthy Kentuckians 2000 Mid-Decade Review*, the Cabinet for Health Services concluded based on 1993 data that Kentucky youth cigarette smoking had become “epidemic and significantly

Moreover, results of a recent study at the University of Minnesota Cancer Center found that a known carcinogen found only in tobacco and nicotine was present in the urine of newborns whose mothers smoked during pregnancy.³²²

Among the most alarming implications for the future health status of women are rising rates of smoking among female adults and teens. Among all racial, ethnic and gender groups, the number of U.S. high school students who were frequent smokers increased between 3 percent and 5 percent a year between 1991 and 1995.³²³ In Kentucky, Behavioral Risk Factor Surveys of adults and youth conducted by the Division of Epidemiology and Health

TABLE 22 Prevalence of Youth Smoking in Kentucky, Grades 9-12, by Gender, 1993, 1997		
	1993	1997
Current Smokers* (Total)	34.1%	47.0%
Male	36.6%	48.0%
Female	31.7%	45.0%
Frequent Smokers (Total)	19.7%	27.6%
Male	22.8%	30.0%
Female	16.9%	24.8%
* Smoked during the past month ** Smoked cigarettes on 20 or more days in the past month Source: Kentucky Youth Risk Survey, 1993, 1997, Kentucky Departments of Health and Education		

³¹⁶ ACS, “Cancer Facts and Figures 1998: Tobacco Use,” online, Internet, 16 July 1998 at: www.cancer.org/statistics/cff98/tobacco.html.

³¹⁷ NCI, *SEER Cancer Statistics Review*.

³¹⁸ Shopland.

³¹⁹ NCI, *SEER Cancer Statistics Review*.

³²⁰ Shopland.

³²¹ D.B. Kandel, P. Wu and M. Davies, “Maternal Smoking During Pregnancy and Smoking by Adolescent Daughters,” *American Journal of Public Health* 83 (1993): 851-855.

³²² Corinna Wu, “Smoking Moms Pass Carcinogen to Infants,” *Science News* 29 Aug. 1998: 133.

³²³ ACS, “Facts and Figures 1998: Tobacco.”

³²⁴ ACS, “Facts and Figures 1998: Tobacco.”

above national rates.”³²⁵ If so, 1997 data from the youth survey should signal a health crisis in the making. As illustrated in Table 22, the total 1993 percentage of Kentucky teens (grades 9-12) who were “frequent” smokers (smoked cigarettes on 20 or more days in the past month) was 19.7 percent. Nationally, 13.8 percent of teens reported being frequent smokers during the same time period. Just four years later in 1997, 27.6 percent of Kentucky teens reported being frequent smokers. While comparable national data are not yet available for 1997, the 1995 Youth Risk Factor Behavior Survey found that just over half as many (16 percent) U.S. high school students identified themselves as frequent smokers.³²⁶

In Kentucky, the male-female gap among teen smokers also narrowed somewhat between 1993 and 1997. In 1993, boys reported significantly higher rates of current smoking, 36.6 percent compared to 22.8 percent for girls.³²⁷ By 1997, however, the difference between male and female current smokers had narrowed by nearly 2 percentage points. These findings are particularly alarming in light of a recent study from the Centers for Disease Control and Prevention which found that more than a third (36 percent) of teens who try cigarettes develop daily smoking habits before they graduate from high school.³²⁸ Indeed, the majority of U.S. teen smokers with a daily habit (73 percent) report trying to quit smoking though only 13.5 percent succeed.³²⁹

Diet, Exercise, and Overweight. While the modern female obsession with weight has taken its own toll on women’s psychological and physical well-being, good health is clearly compromised by the condition of being overweight or obese. Poor diets, sedentary lifestyles, lack of exercise, and the excess weight that often results are linked to major causes of disease and death among women. The links between obesity and heart disease and two important risk factors for stroke—high blood pressure and noninsulin-dependent diabetes—are long established. Indeed, nearly 70 percent of diagnosed cases of cardiovascular disease are related to obesity, according to the National Institutes of Health (NIH).³³⁰ Moreover, almost half of breast cancer cases and 42 percent of colon cancer cases are diagnosed in obese individuals.³³¹ Women who have poor diets also may be at increased risk of cervical cancer.³³²

The percentage of Kentuckians who are overweight has increased considerably, according to Behavioral Risk Factor Surveillance data. While only 22.6 percent of Kentucky adults were overweight in 1989, nearly a third (31.8 percent) of adults were overweight in 1996 and 30.3 percent of women were considered overweight.³³³ The sedentary lifestyles or lack of regular physical activity reported by 70.7 percent of Kentucky women in 1996 and the failure of nearly 80 percent (78.7 percent) of women to eat the recommended daily five or more fruits and vegetables are well-established causal factors.³³⁴

Clearly, the nutritious, low-fat diets and regular exercise urged by the health care community are not only essential to women’s well-being, they are public health imperatives. It is gradually becoming an integral part of an emerging preventive health model aimed at promoting wellness and preventing rather than treating disease. As Dr. Kwolek observes, “For so long, women’s health was considered to be OB/GYN (obstetrics and gynecology), but, if we put half the emphasis on getting

³²⁵ KY Div. of Epidemiology, *Healthy Kentuckians 2000*.

³²⁶ ACS, “Facts and Figures 1998: Tobacco Use.”

³²⁷ KY Div. of Epidemiology, *Healthy Kentuckians 2000*.

³²⁸ CDC, Office on Smoking and Health, “Selected Cigarette Smoking Initiation and Quitting Behaviors Among High School Students—United States, 1997,” *Morbidity and Mortality Weekly Report* 22 May 1998.

³²⁹ Office on Smoking and Health.

³³⁰ National Institute of Diabetes and Digestive and Kidney Disorders (NIDDKD), “Statistics Related to Overweight and Obesity,” National Institutes of Health, Bethesda, Maryland, online, Internet, 21 July 1998 at: www.niddk.nih.gov/health/nutri/pubs/statobes.htm.

³³¹ NIDDKD.

³³² ACS, “What Are the Risk Factors for Cancer of the Cervix?” online, Internet, 21 July 1998 at: www.cancer.org/cid/SpecificCancers/cervical/cervixrisk.ht.

³³³ KY Div. of Epidemiology, *Healthy Kentuckians 2000* 10.

³³⁴ KY Div. of Epidemiology, *Healthy Kentuckians 2000* 9, 12.

people to stop smoking, to exercise, as we put on trying to get them in for Pap smears, it could make a huge difference.”

The Risk of Being Poor

Perhaps the one recurrent high-risk circumstance about which women can do the least is poverty. Along with its ubiquitous corollary, undereducation, poverty is virtually synonymous with poor health. Importantly for Kentucky where rates of poverty and undereducation have been historically high, research draws a clear link between these demographic circumstances, the prevalence of high-risk behaviors, and the poor health outcomes to which they often lead. Moreover, the health status of disproportionately poor African-American and Hispanic women, a growing Kentucky minority, is consistently worse than that of whites.³³⁵

Many factors contribute to the relatively poor health status of women who are poor. Not only does the current market-driven health care system exclude many poor and low-income women from the preventive health services and the medical attention they need, they are often isolated or disconnected from the flow of health information that informs and benefits more educated, more affluent women. Moreover, caretaking roles may overwhelm women with limited resources. As Dr. Kwoleck observes, “Women bear the brunt of poverty, especially single mothers. They often can’t take care of themselves because they’re so busy taking care of others.”

High-risk behaviors also abound among those with less education and lower incomes. They are, for example, on average, more likely to be overweight and obese,³³⁶ to lead sedentary lifestyles, to have hypertension, to drink heavily, and to smoke. Rates of smoking among the poor and undereducated are significantly higher than among more educated, higher income cohorts. According to the American Cancer Society, 28.2 percent of U.S. women living below the poverty level were smokers in 1993 compared to 21.7 percent of women with incomes at or above the poverty level.³³⁷ Though some more educated cohorts of women have high rates of smoking, women of lower education status are generally more likely to smoke. For example, 32.3 percent of women with 9-11 years of education were smokers in 1993 compared to 11.9 percent of women with 16 years or more of education.³³⁸ In Kentucky, the correlation between undereducation and high rates of smoking is more pronounced than at the national level; among adults age 20 and older with a high school education or less, 38.4 percent of 1993 male and female smokers in Kentucky were of low educational status compared to 29.2 percent nationally.³³⁹

Not surprisingly, low socioeconomic status is associated with heart disease and lung, breast, and cervical cancers, major killers of women. Appalachian women in particular have especially high rates of cervical cancer.³⁴⁰ Kentucky is also part of what has come to be called “Coronary Valley,” a cluster of states bordering the Ohio and Mississippi rivers where rates of heart disease mortality exceed those among states in the lowest quartile of coronary heart disease mortality by 56 percent.³⁴¹ When more than 30 specialists and researchers convened at the University of Kentucky for an April 1998 symposium on the “Coronary Valley” phenomenon, they concluded that a constellation of behavioral factors were at the root of this health problem.³⁴² All, including cigarette smoking rates,

³³⁵ CDC, *Health, United States, 1998* (Washington, DC: Dept. for Health and Human Services, 1998).

³³⁶ Michael Blumenkrantz, “Obesity: The World’s Oldest Metabolic Disorder,” online, Internet, 21 July 1998 at: www.quantumhpc.com/obesity.ht.

³³⁷ ACS, “Cancer Risk Report, 1995,” online, Internet, at: www.cancer.org/statistics/95crr/crrtobac.html.

³³⁸ ACS, “Cancer Risk Report, 1995.”

³³⁹ ACS, “Cancer Risk Report, 1995.”

³⁴⁰ NCI, “Risk Factors: Uterine Cervix,” online, Internet, 3 Aug 1998 at: http://rex.nci.nih.gov/NCI_Pub_Interface/rate_risk/risk200.html.

³⁴¹ “Consensus Statement of Coronary Valley Symposium Participants,” 17 April 1998, University of Kentucky Medical Center, Lexington, Kentucky.

³⁴² “Consensus Statement . . .”

obesity, diet, lack of physical activity, and hypertension have been linked to lower socioeconomic status.

The team of researchers observed, "The Coronary Valley region has a large disadvantaged population with lower socioeconomic status, and there are barriers in the social environment that are associated with increased CHD (coronary heart disease)."³⁴³ The latter include what some anthropologists have concluded are Appalachian propensities for viewing suffering and privation as virtues and for stoically accepting the lot of this life in favor of the rewards of a future afterlife.³⁴⁴ The vestiges of these cultural norms are readily detectable in many older Kentuckians who are reluctant to seek medical attention for symptoms of disease and illness, much less become active participants in wellness regimens. Women may be particularly vulnerable to such cultural norms.

A 1998 report from the Centers for Disease Control and Prevention documents the demographic tiers of health status in the United States. In short, the more affluent Americans are, the healthier they are. While the tiers exist within every racial or ethnic group, blacks and Hispanics were also found to have generally poorer health than whites.³⁴⁵ The economic tiers were evident for virtually every health risk factor, every disease, from chronic conditions such as heart disease to communicable diseases such as HIV infection, and every cause of death. For example, the study found that the death rate for poor women with diabetes was three times that of wealthier women.³⁴⁶ "It's a sad thought, but maybe we've reached a point where health is a luxury," observed Dr. Elsie Pamuk, lead author of the report.³⁴⁷ For a relatively poor state like Kentucky, findings such as these suggest disturbing losses of future productivity are at stake.

Moreover, the health status of disproportionately poor minority groups will become an issue of increased concern as the state's Hispanic population grows and African-Americans continue to experience far poorer health outcomes than whites. The disparities between the health status of whites and minorities are so dramatic that President Clinton pledged \$400 million this year to an effort aimed at closing them. For example, women are the fastest growing population group to be infected with AIDS,³⁴⁸ but four times as many Hispanics and eight times as many blacks became infected in 1997.³⁴⁹ Nationally, AIDS is now the fourth leading cause of death among African-Americans.³⁵⁰ In Kentucky, one third of AIDS infection, according to Public Health Director, Dr. Rice Leach, is occurring among African-American women who comprised just 4 percent of the 1990 population.

Demographic data from the 1997 state Behavioral Risk Factor Survey, as shown in Table 19, suggest that even in the area of reproductive health, where dramatic strides have been made in recent years, economic status matters. Women with jobs, with higher incomes, and with higher levels of education were more likely to take steps to detect life-threatening diseases such as breast cancer by having regular mammograms. Likewise, data from the 1997 Kentucky Health Survey show a correlation between the frequency of Pap smears and education levels. The 1992 and 1997 surveys also show predictable differences in the prevalence of mammography and insured status. For example, 69.6 percent of insured females age 50-65 reported having ever had a mammogram versus 52.3 percent of women without health insurance.³⁵¹

Interestingly, estrogen deficiency was also cited by the gathering of Coronary Valley researchers as a potential risk factor for coronary heart disease, one about which little is known. However, given the aging of Kentucky's population, cultural propensities, and the probable role that the absence of

³⁴³ "Consensus Statement . . ."

³⁴⁴ John Friedl, "Health Care Services and the Appalachian Migrant," prepared for the National Center for Health Services Research, 1978.

³⁴⁵ Brigid Schulte, "Study's Lesson: 'Prosper and You'll Live Long'" *Lexington Herald-Leader* 30 July 1998: C9.

³⁴⁶ Brigid Schulte, "Minorities' Access Separate, Unequal," *Lexington Herald-Leader* 8 Aug. 1998: A1.

³⁴⁷ Schulte, "Study's Lesson . . ."

³⁴⁸ Susan J. Blumenthal, "Women and Substance Abuse: A New National Focus," National Institute of Mental Health, Bethesda, Maryland.

³⁴⁹ Schulte, "Study's Lesson . . ."

³⁵⁰ CDC, *Health, United States*, 1998: 212.

³⁵¹ F. Douglas Scutchfield, Joyce Beaulieu and Kevin C. Lomax, "Who Are Kentucky's Adult Uninsured and What Impact Does Being Uninsured Have on Those Individuals?" *Policy Brief*, Center for Health Services Management & Research, University of Kentucky, Lexington, July 1998.

health insurance plays in poor women's lives, it is likely that many women in the Commonwealth who would possibly benefit from estrogen replacement therapy are not receiving it. Clearly, in addition to research on medical outcomes, more needs to be learned about the roles that income, education, and health insurance status play in access to a therapy that is now being prescribed to millions of women. If estrogen replacement therapy proves to be effective in disease prevention over the long term, exclusion from access to it could become yet another measure of poverty's toll on longevity.

Insured Status and Cost Reforms

Nationally, according to the Agency for Health Care Policy and Research, most (60 percent) who experience difficulties or delays in getting health care cite their inability to afford it as their main obstacle.³⁵² In Kentucky, a significant portion of the population is without health insurance and the access to care it enables. The Census Bureau's most recent three-year, 1994-1996 estimate placed Kentucky's uninsured population at 15.1 percent or 586,442 people in 1996,³⁵³ compared to a somewhat higher national average of 15.6 percent.³⁵⁴ Importantly, the Bureau estimated Kentucky's 1993-1995, three-year average of the population of uninsured Kentuckians at 14.6 percent, indicating that during this period of population growth the number of people in Kentucky who do not have health insurance may have grown.³⁵⁵

Not unexpectedly, the working-age, adult population of uninsured is somewhat higher. The University of Kentucky's 1997 Kentucky Health Survey estimated that 16.1 percent or nearly 400,000 Kentuckians age 18 to 64 were without health insurance.³⁵⁶ About 15 percent of women who were surveyed reported having no insurance. The uninsured in Kentucky, like most around the nation, are more likely to be poor, usually working poor whose jobs do not provide benefits or pay wages sufficient to cover the cost of private market insurance. For example, 46 percent of those with annual incomes between \$14,000 and \$24,999 had no health insurance in 1997 compared to 3 percent of those with incomes in excess of \$50,000, according to the Kentucky Health Survey.³⁵⁷ Among women, those living in households with incomes of less than \$14,000 were the most likely to be uninsured.³⁵⁸ Overall, the uninsured in Kentucky are also more likely to live in rural areas, to have less than a college education, and more likely than the insured to report poor health and less likely to report excellent health.³⁵⁹ Moreover, a University of Kentucky Center for Health Services Management and Research analysis of the 1997 Kentucky Health Survey concluded that being uninsured affected receipt of preventive services, specifically mammograms and Pap smears.³⁶⁰

Because of their relative poverty and their higher rates of eligibility for public insurance, nonelderly women are more likely to be insured than nonelderly men. Nationally, 15.1 percent of women under the age of 65 had no health care coverage in 1996 compared to 17.2 percent of men while 13.3 percent of women were covered by Medicaid or other public assistance compared to 10.1 percent of men.³⁶¹ Based on two-year averages from the Census Bureau's 1994 and 1995 Current Population Surveys, Urban Institute researchers found that Kentucky's nonelderly uninsured popu-

³⁵² Shelly Reese, "Access to Care," *American Demographics* Aug. 1998: 57.

³⁵³ Based on U.S. Census Bureau population estimates for 1996 as reported by the State Data Center, Louisville, Kentucky.

³⁵⁴ U.S. Bureau of the Census, March 1997 Current Population Survey and Health Insurance Coverage, 1995, Series P60-195, Department of Commerce, Washington, DC.

³⁵⁵ U.S. Bureau of the Census.

³⁵⁶ Scutchfield et al.

³⁵⁷ Scutchfield et al.

³⁵⁸ Joyce Beaulieu, Kjell Johnson, Douglas Scutchfield, Michal Smith-Mello and Kevin Lomax, "Kentucky Women's Health: Data from the 1997 Kentucky Health Survey," *Policy Brief*, Center for Health Services Management & Research, University of Kentucky, Lexington, Oct. 1998.

³⁵⁹ Scutchfield et al.

³⁶⁰ Scutchfield et al.

³⁶¹ CDC, *Health, United States, 1998*: 362.

lation was 53.6 percent male and 46.4 percent female.³⁶² Among the nonelderly uninsured in Kentucky, married-couple families represented the largest group of uninsured (40.5 percent) while single-parent families, which are typically poor, headed by women, and often Medicaid eligible, were the smallest group of uninsured families (8.8 percent).³⁶³ Most of the nonelderly uninsured (57.3 percent) are in households with only one adult full-time wage earner.³⁶⁴

Among those poor enough to qualify for Medicaid in Kentucky, women, most of whom head households that receive welfare, dominate recipient profiles in every age group. In January 1998, Medicaid recipients of all ages were predominantly female, 59 percent compared to 41 percent male.³⁶⁵ Among the oldest recipients, those ages 65 and older, 73 percent were female. Among the nearly 200,000 adult, working-age (age 18 to 64) recipients, women were again overrepresented, comprising 62.2 percent of this population.³⁶⁶

Welfare reform may have a significant impact on the insured status of women as many move from public insurance and welfare rolls into low-wage jobs that typically offer few, if any, benefits. Because women comprise the overwhelming majority of the nearly 15,000 (14,948) adults who left Aid to Families with Dependent Children (AFDC) rolls between April 1996 and April 1998 when Temporary Assistance to Needy Families went into effect, a substantial portion either are or soon will be without health insurance. Though Medicaid coverage has helped many make the transition from welfare dependency to employment, an as-yet undetermined population of women—and men—will no longer have health insurance as a consequence of welfare reform.

Because they are poorer and more dependent upon public insurance, cost-driven changes in the scope and delivery of Medicaid services will disproportionately affect women, as well as sweeping changes in Medicare, which more women receive by virtue of their relative longevity. Changes in service delivery as Medicaid shifts to a managed care model, anticipated reductions in coverage, and increases in costs to the individual under both programs will clearly affect more women than men. Some women may be discouraged from seeking medical care by the challenge of negotiating a system that often befuddles more educated women. From single mothers to nursing home residents, sweeping changes in access to and provisions under public insurance will principally affect women.

Psychological Well-Being

The psychological well-being of women is influenced by a range of factors, from biological events that exacerbate depression, which women are almost twice as likely to suffer from than men,³⁶⁷ to demographics and social problems. Today, women's lives are more complex and stressful than ever before. They are not only more likely to be poor, to be single parents, and to be principal caregivers regardless of family structure, the majority of women with children face dual and often conflicting roles as caregivers and breadwinners. Many single-handedly manage work and home, juggling child care and, in some cases, elder care arrangements, which are often sources of stress in themselves.

In the workplace, women are shouldering levels of responsibility equal to those borne by men, and, in the process, Columbia University's Center on Addiction and Substance Abuse (CASA) asserts, they have become more like men "in the extent to which they abuse alcohol, tobacco, illegal

³⁶² David W. Liska, Niall J. Brennan and Brian K. Bruen, *State-Level Databook on Health Care Access and Financing*, 3rd ed. (Washington, DC: The Urban Institute Press, 1998).

³⁶³ Liska et al.

³⁶⁴ Liska et al.

³⁶⁵ Kentucky Department for Medicaid Services (KDMS), *MS-264 Supplement, Medicaid in Kentucky*, Table: "Part A Supplement: Characteristics of Eligible Medicaid Recipients," Jan. 1998.

³⁶⁶ KDMS.

³⁶⁷ National Institute of Mental Health, "Depression, What Every Woman Should Know," online, Internet, 1 Sept. 1998 at: <http://webtest.nimh.nih.gov/newdart/doc2.htm>.

drugs, and prescription medication, and in the high price they pay for it.”³⁶⁸ While more adult men abuse more drugs than women, the gap is fast narrowing. If trends persist, as previously noted, more U.S. women will be smokers than men by the year 2000, a dubious international first.³⁶⁹ Already, the percentage of women and men who abuse prescription drugs is equal, and among adolescents differences in patterns of use have disappeared. Young girls are just as likely to drink, smoke, and use illicit drugs.³⁷⁰

According to the University of Kentucky Institute on Women and Substance Abuse, an estimated 112,000 women in the Commonwealth abuse drugs or alcohol³⁷¹ and thus experience a range of physical, emotional, economic, and social problems that research suggests are far more prevalent among abusers.³⁷² The future health consequences of this unfortunate manifestation of equality hold disturbing implications beyond their face value. Women are more susceptible than men to addiction, to poor health outcomes, and to premature death as a result of substance abuse.³⁷³

Substance abuse among women, especially pregnant women, also poses a threat to the physical and psychological well-being of children. Nevertheless, an estimated one in five pregnant women smokes, drinks, or uses illicit drugs during pregnancy.³⁷⁴ Recent results from Centers for Disease Control and Prevention surveys show that the number of women who drink alcohol during pregnancy increased from 10 percent in 1992 to 15 percent in 1995; frequent alcohol use among pregnant women also rose.³⁷⁵

In Kentucky, nearly 70 percent of the 112,000 women who report needing substance treatment are of childbearing age, according to Alayne L. White, Director of the University of Kentucky Institute on Women and Substance Abuse. Further, research conducted in Kentucky hospitals suggests that as many as one in ten women in Kentucky delivers a chemically affected baby.³⁷⁶ Moreover, maternal smoking during pregnancy is the number one cause of low-birthweight babies,³⁷⁷ infants who begin life with a diminished capacity for survival. In a state where smoking is epidemic, the implications of such behaviors are significant.

The youngest of Kentucky women also appear to be at highest risk for maternal substance abuse. In a study of women seeking pregnancy tests at local health clinics in Kentucky, researchers found that 10 percent of the subjects needed substance abuse treatment.³⁷⁸ Those most in need were adolescent females under age 18, 18 percent of whom needed treatment. Nearly one third (31.3 percent) of adolescents in the study group reported using illicit drugs in the past month, compared to 17.8 percent of the total group.³⁷⁹

Women are also far more likely to be the targets of what Dr. Rice Leach, Commissioner of the Kentucky Department for Public Health, cites as our most troubling health problem—violence. That murder has been a leading cause of workplace fatalities for women attests to the extent of the threat

³⁶⁸ Center on Addiction and Substance Abuse (CASA), *Substance Abuse and the American Woman* (New York, NY: Columbia University, 1996) 4.

³⁶⁹ CASA, *Substance Abuse*.

³⁷⁰ CASA, *Substance Abuse*.

³⁷¹ James Wolf, Deena Watson and Carl Leukefeld, “Substance Abuse Prevalence and Need for Substance Abuse Treatment in Kentucky: Adult Household Survey,” Center on Drug and Alcohol Research Technical Report 96104, prepared by the University of Kentucky Center on Drug and Alcohol Abuse for the Kentucky Division of Substance Abuse, 1995.

³⁷² Alayne L. White, “Alcohol and Drug Abuse: An Unrecognized Women’s Health Issue,” *Women’s Health in Kentucky: Setting the Agenda Conference*, Center for Rural Development, Somerset, Kentucky, 26 Sept. 1998.

³⁷³ CASA, *Substance Abuse*.

³⁷⁴ CASA, *Substance Abuse*.

³⁷⁵ Damaris Christensen, “Number of Pregnant Women Who Drink Has Climbed,” *Medical Tribune News Service*, 1998, online, Internet, 20 Aug. 1998.

³⁷⁶ White.

³⁷⁷ White.

³⁷⁸ James Wolf, Deena Watson, Carl G. Leukefeld, Hugh Spalding, Carol Sauer and Michael Townsend, “Substance Use and Need for Treatment Among Women of Childbearing Age,” University of Kentucky Center on Drug and Alcohol Research and Kentucky Division of Substance Abuse, 1998.

³⁷⁹ Wolf et al.

of violence against women.³⁸⁰ During 1997 alone, seven women were murdered on the job in Kentucky.³⁸¹ Whether the subtle psychological violence of sexual harassment or the physical brutality of domestic or childhood violence, women are more vulnerable to a range of acute and traumatic stresses that may trigger mental illness or substance abuse. As substance abusers, they become even more vulnerable to a range of violent consequences. According to White, an estimated 50 percent of women who enter domestic abuse shelters are substance abusers.

The psychological consequences of the stresses women encounter are as manifold as the sources from which they issue. Studies have shown that the overwhelming majority of women who are substance abusers, as many as seven in ten, were physically or sexually abused as children.³⁸² Many more became victims of violence as adults. And the scars of these events can be passed on to subsequent generations. Studies have found that maternal depression, for example, increases the risk of a range of psychological problems, including depression and substance abuse among adult children, particularly daughters.³⁸³ Moreover, substance dependence is associated with other risk factors, including increased likelihood of dropping out of high school, exposure to sexually transmitted diseases, and involvement in criminal activity.³⁸⁴ Researchers from the National Institute of Mental Health enumerate the potential consequences, any one of which can, in turn, foster yet another legacy of diminished outcomes.

*Negative outcomes that stem from substance use and its concomitant behaviors range from poor physical and mental health to instability in family and marital relationships, unwanted or early pregnancy, truncated educational pursuits, diminished educational achievement, impoverished occupational role performance, jeopardized access to employment opportunities and restricted social integration.*³⁸⁵

Ironically, increased female longevity brings with it a bevy of new stresses, including loneliness, isolation, and disability. Not surprisingly, the incidence of depression and substance abuse are believed to be higher among older women than older men, creating circumstances that may actually exacerbate illness and hasten death. Though depressive symptoms are usually regarded as an indication of poor health or illness, some studies suggest that depression may actually precipitate illness.³⁸⁶

In June 1998, CASA released a report on what it called "America's hidden epidemic," substance abuse among older women. The two-year study, *Under the Rug: Substance Abuse and the Mature Women*, found that substance abuse and addiction to cigarettes, alcohol and psychoactive prescription drugs are at epidemic levels in the United States. Alcohol abuse and alcoholism alone affect 1.8 million women age 60 and older, but fewer than 1 percent receive treatment, the study found. Further, the study found that another 2.8 million older women abuse psychoactive prescription drugs, tranquilizers, and sleeping pills, and 4.4 million smoke cigarettes.³⁸⁷

While only 2 percent of hospital costs go to treat substance abuse, CASA concluded, 98 percent goes to treat a range of costly consequences, from heart disease, lung cancer, and cirrhosis to fractures and injuries. The health consequences of substance abuse enumerated by CASA include:

- ❑ *Women over 65 who commit suicide are nine times more likely to consume at least three drinks a day than those dying of natural causes.*

³⁸⁰ Bureau of Labor Statistics, "National Census of Fatal Occupational Injuries, 1997," News Release, U.S. Department of Labor, Washington, DC, 21 Aug. 1998.

³⁸¹ Kentucky Labor Cabinet, 1998.

³⁸² National Institute on Drug Abuse, *Women and Drug Abuse*, NIH Pub. No. 94-3732 (Rockville, MD: Author, 1994).

³⁸³ Denise B. Kandel, Lynn A. Warner and Ronald C. Kessler, "The Epidemiology of Substance Use and Dependence Among Women," National Institute of Mental Health, Baltimore, MD.

³⁸⁴ Kandel et al.

³⁸⁵ Kandel et al.

³⁸⁶ Judith D. Kasper and Eleanor M. Simonsick, "Mental Health and General Well-Being" in *The Women's Health and Aging Study* (Baltimore, MD: National Institutes of Health) online, Internet, at: www.nih.gov/nia/edb/whasbook/chap8/chap8.htm.

³⁸⁷ CASA, "First Lady Betty Ford and Former HEW Secretary Joseph Califano Release CASA Study: *Under the Rug: Substance Abuse and the Mature Woman*," News Release, National Center on Addiction and Substance Abuse, Columbia University, 4 June 1998.

- ❑ *Mature women who drink are more likely than men to develop liver cirrhosis, to develop it sooner and from drinking less.*
- ❑ *Women age 65 to 74 who smoke are more than twice as likely to die as women who don't.*
- ❑ *Women who smoke are more likely to get osteoporosis and macular degeneration.*³⁸⁸

The CASA report illuminates the importance of a movement within medicine toward more holistic care that looks beyond the physical to underlying problems that may aggravate and even cause disease. “A lot of times when a woman goes in to a doctor, they just look at the body,” observes Dr. Kwolek. “Medicine is trying to take a more integrated approach, to look at psychosocial and socioeconomic factors.” Beyond diagnosis, White urges expansion of treatment options for women and gender-sensitive approaches to treatment that accommodate children and recognize the unique circumstances of women’s lives.

In Kentucky, the underlying factors in women’s health are particularly important given the relative poverty and undereducation of the population and the cultural characteristics of large segments of it. Though an estimated 15 percent of the adult population in Kentucky has some form of mental disorder, only about a third seek treatment for it.³⁸⁹ Women in the state are more likely than men to report poor emotional health. Based on results from the 1997 Kentucky Health Survey, the Center for Health Services Management and Research found that Kentucky women reported being “calm and peaceful” less of the time than men (79 percent compared to 89 percent), were more likely to report feeling “nervous” (63 percent compared to 53 percent), “downhearted and blue” (70 percent versus 60 percent), and “down in the dumps” (34 percent compared to 24 percent).³⁹⁰ While women are more likely than men to seek treatment for mental health problems, those with problems related to substance abuse, according to White, are far less likely to be identified as needing treatment and less likely to seek treatment.

Conclusions

The future of women’s health in Kentucky will depend in large part on the same array of demographic, economic, social, and, ultimately, political trends that subtly and not so subtly affect women’s lives. Indeed, whether we confront and alter the present system of rationing health care by economic status will have a profound impact on women’s future health and well-being. After all, far more women than men number among the poor of this state and this nation. In the meantime, the extent of disadvantage women experience, from disproportionately low wages and salaries to insufficient societal responses to increased violence, will continue to correlate with their health status.

Undoubtedly, one of the most significant trends influencing the future health of women is the aging of the population. In the coming years, this revolutionary demographic change will shape a new health care model, one that is more attuned to the life cycles of men and women. It will be informed by a continuously renewed understanding of how to prevent disease and disability through lifestyle and behavior choices. Breakthroughs in treatments will further extend life and enhance quality of life. Already, new treatments for breast and other cancers, for crippling osteoporosis and for once deadly fractures among the elderly, are increasing longevity and functional capacity.

As the Baby Boomer generation moves into its senior years, the care of older citizens, particularly long-lived older women, will become a central public health focus. As a more educated and more affluent cohort of aging women exerts new pressures on the medical and political establishment, the health concerns of older women will likely rise in priority. Already, a very public dialogue about the previously undiscussed but inevitable life stage of menopause has ensued with the arrival of Baby Boomers, the most educated generation in the nation’s history, at this milestone for women.

³⁸⁸ CASA, *Substance Abuse*.

³⁸⁹ KY Div. of Epidemiology, *Healthy Kentuckians*.

³⁹⁰ Beaulieu et al.

The demands this generation places on the system could ultimately help improve the quality and the reach of preventive care.

Though the ordinary increases in illness and disability associated with advancing age will likely be mitigated by a rising health consciousness, questions about the capacity of an already cost-stressed health care system to manage these increasing demands remain unanswered. Due to the feminization of aging, however, any system failure will disproportionately affect women. Already, an estimated 70 percent of Kentucky's nursing home population is female, according to the Office of Aging Services. A significant portion of these women depends on financially strained Medicaid for support of their care. Likewise, the outcomes of added stresses on Medicare and private insurers of the elderly will be felt more sharply by women.

So long as health care and good health remain linked to economic status, more women, young and old, are likely to be without them. And changes underway may exacerbate the inequities women experience. Changes in welfare law, for example, may block access to health care for thousands of poor Kentucky women who lack the requisite skills and earnings capabilities needed to purchase or to gain access to health care benefits through employers. Indeed, the concentration of women in low-paying jobs in the Commonwealth virtually assures a future of limited access to health care for a substantial portion of the female population.

Today, the body of information about the causes and the prevention of illness and disease is expanding exponentially due largely to advances in information and communications technology. Scientific breakthroughs are ensuing at a dizzying pace, pushing the boundaries of life expectancy. But, as the current health status of women in Kentucky so clearly illustrates, any successful effort to improve health and well-being depends upon the empowerment of individuals with information that will permit them to make informed choices that increase the likelihood of wellness. In Kentucky, achieving this goal will require sensitivity to cultural norms that may subtly encourage women to forego their own health concerns in the interest of others.

The outlook for women's health in Kentucky is mixed. On the one hand, rapid advances in medical and health research herald a future of continuously improving outcomes. On the other, the health status of women in Kentucky will almost certainly be circumscribed by high rates of poverty and undereducation that are associated with behavioral risk and poor health outcomes. In addition to the central and as yet unanswered questions around access to care, the future health of women in Kentucky is inextricably linked to how rapidly, how successfully, and how equitably we improve the educational and economic status of our citizens, *and* to how we respond to the health priorities the circumstances of women's lives compel.

Violence Against Women

By Carol E. Jordan
Office of the Governor

Here we consider the slow awakening of our state and nation to the reality of violence within families and against women. The author chronicles the course of a deepening understanding of the scope of violence against women, the dynamics of domestic abuse, and the devastating impact it has on the lives of women, their children, and society. She discusses public policy responses at the state and the national level that have extended to women greater protections against domestic violence.

Society's Slow Awakening

Over the past two to three decades, a slow but startling awakening to the unthinkable has occurred in the United States. We have come to acknowledge, understand, and address the widespread violence that occurs within the once presumed safe harbor of American families. Gradually, the literature on physical abuse “discovered” and illuminated violence against specific populations within families, moving from studies in the 1960s that revealed the almost routine victimization of children³⁹¹ to a broadening focus on spousal and elder abuse during the subsequent decades.³⁹² Studies of sexual abuse within families first addressed skyrocketing reports of child victimization in the late 1970s³⁹³ and subsequently turned to marital rape in the 1980s.³⁹⁴ In turn, policymakers have sought appropriate responses to the expanding base of knowledge about the scope of these crimes and effective methods of treatment and prevention.

Previously, the physical and emotional abuse that damaged and destroyed lives within the perceived safety of home and family had gone virtually unacknowledged and largely unaddressed. Today, the Federal Bureau of Investigation reports that domestic violence is the country's most prevalent violent crime. It is also the crime that is least likely to be reported. Consequently, much of the violence within families, whether directed at children, spouses, or elders, continues to silently erode the physical and emotional well-being of millions of people. Indeed, Dr. Rice Leach, Commissioner of the Department of Public Health, cites violence as the most serious threat to public health in the Commonwealth.³⁹⁵ Women are among its most frequent targets.

³⁹¹ D. Gil, *Violence Against Children* (Cambridge: Harvard, 1973).

³⁹² R. J. Gelles, “Violence in the American Family: a Review of Research in the Seventies,” *Journal of Social Issues* 35.2 (1979): 15-39.

³⁹³ D. Finkelhor, *Child Sexual Abuse* (New York: The Free Press, 1984).

³⁹⁴ D. Finkelhor and K. Yllo, *License to Rape: Sexual Abuse of Wives* (New York: Holt, Rinehart and Winston, 1985).

³⁹⁵ Rice Leach, Interview, Oct. 1998.

A Breach of Trust

Criminal justice data show that men are more likely to be the victims of violent crime than women, but a closer analysis of these data reveals a disturbing pattern in acts of violence against women. Most women are not attacked by strangers but rather by people they know. Because nearly two out of three women who are the victims of violent crimes know their assailants, acts of violence against women, more often than not, constitute “a devastating breach of trust.” Victims of rape and domestic abuse are overwhelmingly female, and the perpetrators of these crimes are overwhelmingly male.³⁹⁶

The data on crime in the United States not only documents the frequency of violent acts committed by known perpetrators but also makes clear the severe impact of these crimes. Over the past two decades, more than 30,000 women have been murdered by their intimate partners.³⁹⁷ Violence by an intimate partner accounts for about 21 percent of the violent crime experienced by women but only 2 percent of the violent crime experienced by men.³⁹⁸ The Bureau of Justice’s National Crime Victimization Survey also reports:

- ❑ Nearly 30 percent of all female homicide victims were killed by their husbands, former husbands, or boyfriends.
- ❑ Just over 3 percent of male homicide victims were known to have been killed by their wives, former wives, or girlfriends.³⁹⁹

The toll that violence against women extends well beyond the physical battering they experience. Women who are victimized by domestic violence are not only vulnerable to a loss of life but also to a loss of their health and psychological well-being. Studies show that 22 percent to 35 percent of women who seek aid in emergency room settings require treatment for injuries stemming from domestic abuse.⁴⁰⁰ The rate of depression for domestic abuse victims is twice that of the general population of women.⁴⁰¹ Studies of suicide show that 26 percent of all women (and 30 percent of women of color) who attempt suicide are battered women and that one fourth of the population of women who are alcoholic is made up of domestic abuse victims.⁴⁰² On a more subtle but perhaps equally insidious level, the prevalence of violence against women in our society contributes to a generalized fear among some women that has an incalculable effect on their lives. In turn, that level of fear affects public and private policies, exacting further individual and societal costs.

Not all women are equally at risk to be victimized by violent crime. Young African-American and Hispanic women are more vulnerable to violent crime than white women, as are poor single women who live in the inner city.⁴⁰³ While some urban environments may expose a woman to a greater risk of all types of violent crime, living in a suburb or in a rural area does not decrease a woman’s risk of experiencing violence by a partner or other family member.⁴⁰⁴ While data shows that the most frequent female victim of intimate violence is 16 to 24 years old, the American Association of Retired Persons cites a survey that found that 58 percent of those elderly who said they were victims of physical abuse

³⁹⁶ National Crime Prevention Council, *Preventing Violence Against Women* (Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics, 1995).

³⁹⁷ U.S. Department of Justice, *Bureau of Justice Statistics Factbook* (Washington, DC: Author, 1998).

³⁹⁸ U.S. Dept. of Justice.

³⁹⁹ U.S. Dept. of Justice.

⁴⁰⁰ The Commonwealth Fund Commission on Women’s Health, “Violence Against Women in the United States: A Comprehensive Background Paper,” 1995: 43.

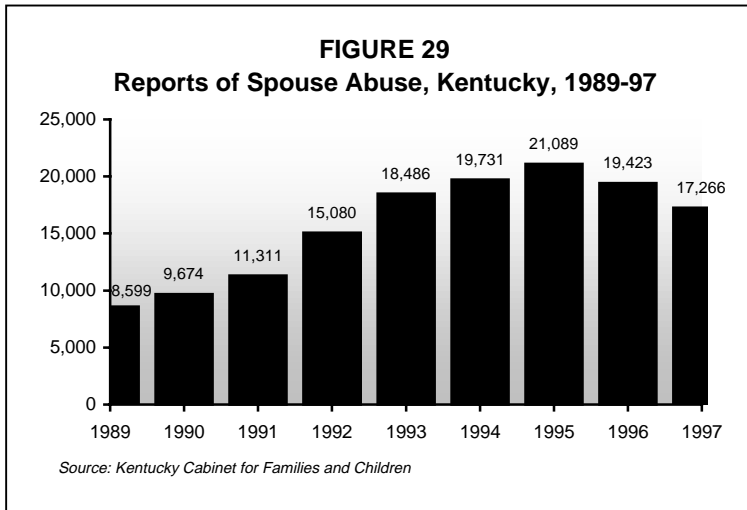
⁴⁰¹ L. Walker, “Battered Women, Psychology, and Public Policy,” *American Psychologist* (1984): 39.

⁴⁰² E. Stark, *The Battering Syndromes: Social Knowledge, Social Therapy, and the Abuse of Women*, Dissertation, Department of Social Work, University of New York, 1984.

⁴⁰³ U.S. Department of Justice, *Violence Against Women, A National Crime Victimization Survey Report* (Washington, DC: Author, 1994).

⁴⁰⁴ National Crime Prevention Council.

reported that the abuser was his or her spouse, compared with 24 percent who were victimized by an adult child.^{405 406}



In Kentucky, evidence of the scope of violence against women can be found in data maintained by the Cabinet for Families and Children. These data are based on reports of spouse abuse made to the Department for Community-Based Services, which are mandated by Kentucky law. As shown in Figure 29, these reports numbered 17,266 in 1997.⁴⁰⁷ While reports of spouse abuse climbed steadily between 1989 and 1995, a decline in reports appears to be underway.

Domestic Violence and Abuse—the Stuff of Nightmares

Domestic violence traditionally has been defined narrowly as physical violence or assault of a partner. The reality of the crime, however, is a combination of physically, sexually, and psychologically abusive behaviors directed against a woman. Domestic violence means the chronic physical, sexual, and psychological maltreatment of one family member by another with the intent to control. This misuse of power harms the psychological, social, economic, sexual, and physical well-being of the victim. This more inclusive view is important, for generally when one form of abuse exists, it is coupled with other forms. As if by definition, physical assault also involves the infliction of fear, sexual assault, or exploitation, and attempts to control and dominate the victim. The broader view is also important because the impact of domestic violence on victims differs significantly based on the specific form of the abuse.

Domestic violence includes physical abuse such as pushing, shoving, slapping, hitting, kicking, biting, the use of weapons, or other acts that result in injury or death. Second, it includes emotional or psychological abuse which can best be defined by describing its result—destruction of a victim's self-esteem. This form of abuse, whether taking the form of name calling, ridicule, or threats, is systematic, purposeful, and has the effect of giving power to the abusive partner. Third, it is characteristic of domestic violence cases that perpetrators exert efforts to control the victim's environment. Such behaviors may include isolating victims from family members, restricting access to bank accounts, following, or monitoring telephone calls, and other controlling measures. As in the case of emotional abuse, such controls increase the victim's dependence on the perpetrator and cause her to feel that she has no alternatives to the violent relationship.

Finally, until recent years, discussions related to sexual assault have excluded the significant number of battered spouses who are also victimized by this crime. In one of the first studies of its kind, Diana Russell found that over 12 percent of women reported that their husbands had committed acts against them which would meet the legal definition of rape.⁴⁰⁸ This figure is undoubtedly lower than the actual

⁴⁰⁵ U.S. Dept. of Justice, *Factbook*.

⁴⁰⁶ National Crime Prevention Council.

⁴⁰⁷ Cabinet for Families and Children, Adult Abuse Reporting Data, 1989-1997.

⁴⁰⁸ Diana Russell, *Rape in Marriage* (New York: Macmillan, 1982).

incidence of marital rape in that many women share the common stereotype that rape is an act committed by a stranger, and as a result, are less likely to label the experience of forced sexual relations with a spouse as “rape.” In a review of Russell’s work and from subsequent research, Finkelhor and Yllo estimate that rape by a spouse is one of the forms of sexual coercion which a woman is most likely to experience.⁴⁰⁹

In response to a growing understanding and awareness of marital rape, the 1990 Kentucky General Assembly passed legislation to recognize the crime of rape in marriage, removing the spousal exclusion in the sexual offense chapter of the penal code. By 1993, every state in the nation had done so. While Kentucky law no longer exempts a spouse from criminal liability if the victim is his spouse, the statutes of the Commonwealth still contain provisions that treat crimes of sexual violence committed against family members differently by making marital rape and sodomy the only felony crimes for which a one-year reporting requirement applies.

In the face of evidence of horrific and routine violence against women, many ask why battered women simply don’t leave their abusive partners or spouses. A victim’s decision to remain in or return to an abusive relationship can be related to factors such as:

- ❑ Financial considerations
- ❑ Lack of job skills or other resources
- ❑ The threat of death to the victim or her children
- ❑ The threat that children will be kidnapped
- ❑ The victim’s love of the offender and belief in his promises to end violence
- ❑ Victim’s belief in traditional values, in keeping families together and remaining married
- ❑ Low self-esteem resulting from repeated abuse that leaves the victim believing she has no alternatives to the abusive relationship.

These circumstances aside, the assumption that leaving an abusive relationship will end the violence is not borne out by experience. While some women are able to end domestic violence by leaving a relationship after an initial incident, more often the risk of serious or lethal violence actually increases when the victim attempts to leave or escape. Indeed, the greatest risk of injury or death occurs at the point of separation. The majority of homicide-suicides in domestic violence cases occur at the point of the victim’s separation from the offender. Further, studies estimate that more than 50 percent of battered women who leave are followed, harassed, or attacked by their partners.

The Case for a Social and Criminal Justice Revolution

Before the emergence of the women’s movement in the 1970s, society seemed oblivious to the violence women faced in their homes. It was generally assumed that the greater danger to women came from strangers on the street, not from partners or husbands who professed love and attachment to the women with whom they shared their lives. The strength of the women’s movement slowly forced reality into the collective awareness of society.

The unwillingness of society to recognize violence against women as a sociological and criminal justice problem, not just a family matter, is deeply rooted in the patriarchal history of nations and cultures. Historically, the right to harm or chastise a wife was even provided to a man legally upon his marriage.⁴¹⁰ As reflected upon by Dobash and Dobash, “To become a wife meant to take on a special legal status that excluded the woman from the legal process . . . and elevated her husband to the position of lawmaker, judge, jury, and executioner.”⁴¹¹

⁴⁰⁹ David Finkelhor and Kersti Yllo, *License to Rape: Sexual Abuse of Wives* (New York: Holt, Rinehart and Winston, 1985).

⁴¹⁰ R. Calvert, “Criminal and Civil Liability in Husband-Wife Assaults,” eds. K. Steinmetz and M. Straus, *Violence in the Family* (New York: Dodd, Mead, 1975).

⁴¹¹ R.E. Dobash and R. Dobash, *Violence against Wives: A Case against the Patriarchy* (New York: The Free Press, 1979).

Sexual violence against women, often occurring at the hands of someone known to the victim, has also been treated differently from any other crime. A pattern around these cases emerged whereby the behavior of the victim received much greater scrutiny than the behavior (and certainly the dress) of any other type of victim. Maintaining a collective position of denial, society seemed determined to believe that if a woman were victimized, the cause must relate to something in her dress or her character, rather than to the choice of an offender to harm her.

The women's movement provided the first opportunity for survivors of sexual and domestic violence to reach out and speak out. A domestic violence movement and a movement for rape victims grew from the roots of personal pain expressed by victimized women. In Kentucky, the first shelters for battered women and their children and the first rape crisis centers were opened in the late 1970s. The movement of survivor helping survivor which caused the opening of the first programs has grown in Kentucky to networks of 15 state-funded spouse abuse centers and 13 state-funded rape crisis centers.

However, ensuring that domestic and sexual assault receive adequate attention and fair treatment under the law has not been easy, nor is the evolution of our criminal justice system complete. Research in the early 1980s began the process by providing some of the first concrete data regarding the type of law enforcement intervention that was most effective in domestic violence cases. When combined with acknowledgement that domestic violence cases accounted for a significant percentage of 911 emergency calls and increasing concerns about civil liability for protecting domestic violence victims in a differential manner, this research began to spur law enforcement agencies to take the crime more seriously.⁴¹²

In Kentucky, law enforcement agencies are the most frequent source of reports of spouse abuse made to the Cabinet for Families and Children,⁴¹³ and 1992 and 1996 actions by the Kentucky General Assembly mandated specialized training and policies on domestic violence for all law enforcement departments. While other states have implemented mandatory arrest policies in domestic violence cases, reports of victims being arrested through the implementation of that policy caused the Governor's Council on Domestic Violence and the Justice Cabinet to jointly recommend a model policy for law enforcement in 1996. This "pro-arrest" or "presumptive arrest" policy recommends that law enforcement officers presume reported domestic violence has occurred, rather than react to immediate circumstances that may involve the victim defending herself against violence.

As the criminal justice system began to respond, it quickly became clear that traditional criminal remedies were not effective in protecting women and children who were victimized in their homes. Women victimized by their partners often still live with them, and taking action to protect themselves is not without risk. Also unique to domestic violence is the fact that in many cases, the most dangerous time for a victim occurs when she attempts to leave the offender. As a result, specialized criminal statutes and sanctions have had to be developed for domestic violence cases. Beginning in 1992, the National Council of Juvenile and Family Court Judges worked for three years with judges, prosecutors, victim advocates, law enforcement, and others to draft a model state code on domestic and family violence to assist states in meeting this challenge.⁴¹⁴ In Kentucky, the 1992 and 1996 General Assemblies significantly reformed the state's criminal law to address the needs of domestic violence victims.⁴¹⁵ Like all other states, Kentucky implemented a stalking law in the 1990s as a means of protecting both sexual assault and domestic violence victims. Enhanced penalties for repeated domestic violence-related assaults, special conditions of bond upon the release of domestic violence offenders or sexual offenders, arrest without a warrant for misdemeanor domestic violence assaults, and other provisions have been incorporated into Kentucky law. Additionally, reforms in Kentucky include a state-sanctioned certification program for mental health professionals who provide court-ordered domestic violence offender treatment; consideration of domestic violence as custody and visitation

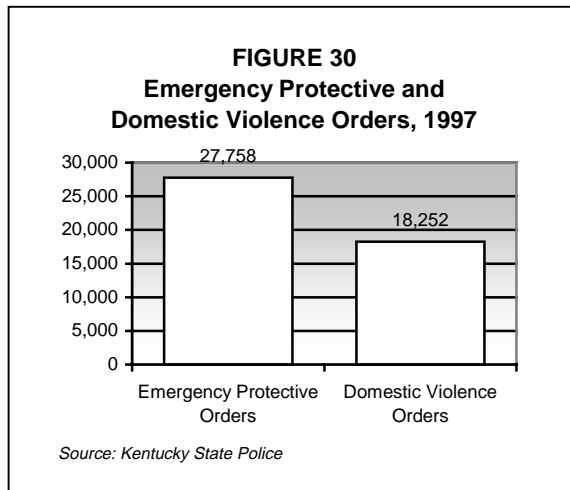
⁴¹² L.W. Sherman, *Policing Domestic Violence* (New York: Macmillan, 1992).

⁴¹³ Cabinet for Families and Children, Adult Abuse Reporting Data, 1989-1997.

⁴¹⁴ National Council of Juvenile and Family Court Judges, *Model State Code on Domestic and Family Violence*, 1992.

⁴¹⁵ 1992 reforms were made based on recommendations made by an Attorney General's Task Force on Domestic Violence Crime; 1996 reforms were made based on recommendations made by a Legislative Task Force on Domestic Violence.

decisions are made by courts; victim notification; development of policies for the prosecution of domestic violence-related crimes; and mandatory domestic violence training for criminal justice, health, and mental health professionals.



As early as 1984, the Kentucky General Assembly acknowledged that criminal remedies for domestic violence victims were not sufficient to protect their lives and well-being and passed the far-reaching Domestic Violence and Abuse Act. The Act was intended not to replace criminal sanctions, but to afford victims additional civil protections the criminal justice system does not provide. The unique strength of pairing civil protective orders and criminal prosecution means that victims can seek relief for themselves or on behalf of their children under both systems to maximize their protection. Over the last 14 years, emergency protective orders (temporary ex parte orders valid for 14 days) and domestic violence orders

(orders issued after a hearing that are valid for up to three years) have become an integral part of the Commonwealth's safety net for victims of domestic violence, as is evidenced by the number of petitions for protection sought annually. Figure 30 shows the number of these orders issued in 1997 alone.

The State and the Nation Respond

In 1994, the attempt by every state to address crimes of violence against women was significantly enhanced by passage of the Violence Against Women Act as part of the Violent Crime Control and Law Enforcement Act. The federal law provided for a national domestic violence hotline and funding for intervention programs, created new crimes such as crossing state lines to commit acts of domestic abuse, and gave additional civil rights remedies to victims. The act generally strengthened the fight against domestic violence by crafting a federal response and a federal message that the crime would not be tolerated. A 1998 version of the Violence Against Women Act is now being considered by Congress as a means of furthering civil and criminal remedies for domestic violence and sexual assault victims.

Kentucky led the nation in implementing key portions of the 1994 federal act when Attorney General Janet Reno traveled to the state in February 1996 to award a special grant for the Commonwealth to serve as a laboratory for developing procedures to ensure the full enforcement of domestic violence protective orders across state lines. Vice President Al Gore furthered that effort in July 1998 when he awarded the state a second "full faith and credit" grant.

During the first two years of Governor Patton's Administration, a number of significant accomplishments were made on behalf of victims of domestic violence. Governor Patton created the Governor's Office of Child Abuse and Domestic Violence Services during the first months of his tenure and appointed First Lady Judi Patton to serve as the office's special advisor. In January 1996, he created Kentucky's first Governor's Council on Domestic Violence, naming Mrs. Patton and former Governor John Y. Brown, Jr. as co-chairs.

When Governor Patton created the Governor's Council on Domestic Violence, he charged the group with implementing domestic violence-related legislation and with developing local coordinating councils across the Commonwealth. With this charge, the Council acted on several fronts:

- ❑ Developed a model domestic violence policy for law enforcement;
- ❑ Created and approved eight separate domestic violence training curricula for criminal justice, health, mental health, and social services professionals who are now required by law to receive training on domestic violence;
- ❑ Developed a model protocol for local domestic violence coordinating councils which was distributed to over 3,000 professionals and advocates across the state and nation;
- ❑ Developed a certification program for mental health professionals who conduct domestic violence offender treatment services for the court;
- ❑ Working jointly with the Attorney General's Office, developed policies and procedures for the prosecution of domestic violence-related crimes.

To support spouse abuse centers in Kentucky, Governor and Mrs. Patton also included over \$1 million in the Fiscal Year 1999-2000 biennial budget to improve facilities where shelters for battered women and their children are located.

The Future Well Being of Women

Criminal justice and social science data have made clear the extensive violence against women and the severity of the impact on the lives these crimes touch. The effects are sweeping: domestic violence and sexual assault are criminal justice problems, health and mental health care crises, and public policy dilemmas. While the attitudes of society have come a long way toward accepting the criminal nature of violence directed at women, policymakers must constantly work to end the practice of blaming the victim, which occurs all too often when an abused woman reaches out for help.

The criminal justice data also reflect a disturbing trend. While the tendencies toward violence in our society appear to be receding, the pace of change in regard to violence against women is far slower. Decreases in violent crime experienced by men are greater than decreases in crime against women. Thus, the vulnerability of women and their children, particularly at the hands of intimates, remains extreme. The psychological, social, economic, sexual, and physical health of women continues to be undermined by violence, particularly violence within families. As we consider ways of ensuring and improving the future well-being of women in the Commonwealth, we must recognize that ending violence against women and its destructive legacies in the lives of women and their children is central to the realization of those goals. Indeed, as Dr. Leach suggests, ending violence against women and violence within families has become a public health imperative.

